

NORFOLK COUNTY COUNCIL

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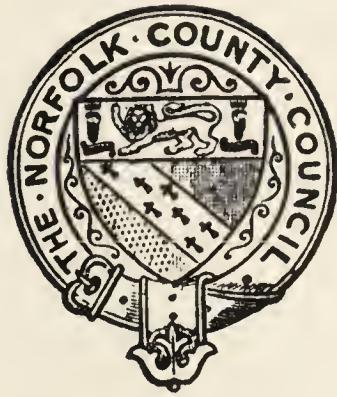
# **Annual Report**

of the

**COUNTY MEDICAL OFFICER  
FOR 1955**

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COUNTY MEDICAL OFFICER  
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## PREFACE

The year was one of steady consolidation of the county health services, with a small degree of expansion in certain directions. Due to the present financial stringency, considerations of economy are very much to the forefront and before any extension of the services can be undertaken, a careful balance must be struck between cost and need.

Generally speaking, the health of the county during the year continued to be satisfactory, and the services operated smoothly to the benefit of the county residents for whom they were provided. This is reflected in the statistics contained in the body of the report and attention is drawn in the following paragraphs to the more important trends.

The death rate showed a slight increase on last year and the birth rate was lower, while the number of maternity deaths was the same as during 1954. The infant mortality and still-birth rates were below the county rates for 1954 and the current national figures.

It is particularly pleasing to be able to report that, for the second year in succession, the infant mortality rate was the lowest recorded in the county, which reflects credit on all branches of the health services concerned with the care of mothers and young children.

There has been little change in the maternal mortality rate during the past nine years, although it must be pointed out that with the small numbers involved, the nearer the rate approaches zero the more difficult it becomes to lower it. The still-birth rate, though less than last year's county and this year's national figures, has also shown little tendency to decrease over the last decade. There is no doubt that toxæmia of pregnancy is still an important cause of still-birth and maternal and neo-natal deaths. The report of the Standing Maternity and Midwifery Advisory Committee, received with Ministry of Health Circular 9/56 at the time of preparing this preface, draws attention to the importance of comprehensive ante-natal care to ensure the early diagnosis and treatment of toxæmia, in order to reduce this largely avoidable mortality. Arrangements are outlined in the circular for calling local meetings at hospital group level to discuss the problem and it is hoped to comment in next year's annual report on the progress made.

Considerable staffing difficulties were again experienced in the dental and health visiting services. With the dental staff at fifty per cent. of establishment, dental treatment facilities for priority classes remained inadequate in some parts of the county. Even so, the number of mothers treated was more than double that of the previous year. The number of health visitors also remained below optimal requirements. In an attempt to improve the situation, the Council decided to increase the number of scholarships from two to three, and I am pleased to report that all vacancies were taken up. The district nursing and midwifery services continued their good work in close co-operation with general practitioners, though here again staffing difficulties arose from time to time.

The home help service continued to play an important part in the domiciliary care of the sick, aged and infirm. The services of a home help for a few hours each week may make all the difference between a person remaining at home and having to go into an institution. Against the net cost of the service of some £30,000 per annum, therefore, must be set the hidden saving

in hospital and Part III accommodation for the increasing number of persons enabled to remain in their own homes.

An interesting development in the mental health service was the introduction towards the end of the year of a home attendance scheme, whereby help is provided for a few hours a week to care for low-grade mental defectives in order that the mother may go shopping or undertake other activities which would be impossible if she had to take the defective with her. The need for this service has been accentuated by the long hospital waiting lists being experienced at present.

Tuberculosis notifications and deaths, both respiratory and non-respiratory, continued to fall. Mass radiography, contact tracing, B.C.G. vaccination, modern treatment methods, rehabilitation, improved housing and the provision of a safer milk supply, have all contributed to the good progress of the past six years. As the chest physicians point out in their section of the report, however, certain problems still remain, particularly in connection with the detection and treatment of middle-aged or elderly persons who have contracted the disease and may be unaware that they are sources of infection to those in their family circles and to many others with whom they are in frequent contact during their daily activities.

For many years, a large number of milk samples have been biologically examined for the tubercle bacillus, with positive results ranging from just under two per cent. to over three per cent. It is important to realise that each of these samples was taken from a supply which, when distributed among a number of consumers, or mixed at a creamery with bulk milk from other sources, was capable of spreading infection over a wide field. It is quite certain that the work of biological sampling is a most valuable means of protecting the public.

Parallel with these measures to eliminate tuberculosis from raw milk, there has been a marked increase in the amount of heat-treated milk consumed in the county, and already the eastern part has been designated as a specified area. It is anticipated that this will shortly be extended to the central part of Norfolk. These steps to improve the safety of the milk supply take time to show their effects, but it is significant that, as measures of control have been extended, there has been a marked reduction, particularly in children, of the number of notified cases of non-respiratory tuberculosis, which have decreased from 91 in 1950 to 36 in 1955.

The incidence of other infectious disease was, on the whole, comparatively low. Measles and whooping cough showed a decided drop in prevalence and no case of diphtheria was notified. It is interesting to note that the last death from the latter disease was recorded as long ago as 1946 and this reflects the efficacy of the immunisation campaign. It is necessary to strike a note of warning however. The present satisfactory state of affairs can only continue if a high level of immunisation is maintained in the child population, and the need for parents to ensure that their children receive this protection is just as great today as it was when diphtheria was much more common.

There was an increase in the incidence of anterior poliomyelitis (polio) during the year, 57 cases being notified compared with 33 during 1954. The number of deaths was also greater. There was, however, a general increased prevalence throughout the country during 1955 and the most notable feature of the disease in Norfolk was the relatively high incidence in the west of the county, an area which in previous years had been remarkably free. This

increased local prevalence was probably related to the outbreak in the neighbouring area of Wisbech.

In contrast to the falling tuberculosis death rate, the number of deaths from cancer of the lung and bronchus remained at the same level as last year. 103 deaths were attributed to cancer of these organs, more than one half being in the 45—65 age group and 89 were males.

Turning to the question of water supplies, the maps at the end of this report indicate the great progress that has been made in this county since 1944 in the provision of piped water in the rural areas. The normal sequence is for sewerage schemes to follow and, in this connection, particular attention is drawn to the remarks of the county sanitary officer on page 44 regarding the need to protect the underground chalk water-bearing stratum. The character of the chalk in Norfolk is such that it is believed any contamination is likely to remain localised, but we are so dependent upon this chalk for supplies that all risks must be avoided.

This report covers my first year of office, and I would like to take this opportunity of thanking the members of the Health Committee and its sub-committees for their forbearance, support and guidance. I am also indebted to the staff of my department for their loyal co-operation, and to the chief officers and staffs of other departments for the many ways in which they have assisted me. There is still much scope for voluntary effort in the health services and I am grateful to those individuals and organisations whose help has been of such real value.

K. F. ALFORD.

Public Health Department,  
29, Thorpe Road,  
Norwich.  
*August, 1956.*



# PUBLIC HEALTH STAFF

## County Medical Officer:

K. F. ALFORD, M.B., Ch.B., D.P.H.

## Deputy County Medical Officer:

A. G. SCOTT, M.B., Ch.B., D.P.H. (from 16.5.55).

## Senior Medical Officer:

A. S. CAREY, M.B., Ch.B., D.P.H.

## Senior Assistant Medical Officer:

A. E. LORENZEN, M.R.C.S., L.R.C.P., D.P.H.

## Assistant County Medical Officers and District Medical Officers of Health:

IRENE B. M. GREEN, M.D., B.S., D.P.H.

A. B. GUILD, M.B., Ch.B., D.P.H., D.I.H., D.T.M.&H.

J. HAMILTON, M.B., Ch.B., D.P.H., D.T.M.&H.

W. E. HOLMES, M.A., M.B., B.Ch., B.A.O., D.P.H., D.T.M.&H.

G. R. HOLTBY, M.D., B.S., D.P.H., D.I.H.

G. B. HOPKINS, M.B., Ch.B., B.Pharm., D.P.H. (from 1.4.55).

J. COUTTS MILNE, M.B., Ch.B., D.P.H., D.T.M.&H.

R. N. C. McCURDY, M.B., Ch.B., D.P.H.

J. H. F. NORBURY, M.B., B.S., D.P.H.

## Assistant Medical Officers (part-time):

ELIZABETH M. ELLIOTT, M.B., B.Ch., B.A.O.

JOAN E. HANCOCK, M.B., Ch.B.

MARY T. HARRISON, M.B., B.S. (to 31.3.55).

NORA M. JOHNS, M.B., B.S.

ROSEMARIE D. LINCOLN, M.B., B.S.

C. MARGARET McLEOD, M.B., Ch.B.

CATHERINE COUTTS MILNE, M.B., Ch.B.

CHRISTINA S. WEBSTER, M.B., Ch.B., D.P.H. (to 5.4.55).

F. R. WILSON, M.D., Ch.B.

## Chief Dental Officer :

P. MILLICAN, L.D.S., R.C.S. (Eng.).

## Dental Officers:

A. J. CAIRNS, L.D.S., R.C.S. (Eng.) (part-time).

SHIRLEY L. FALCONER, L.D.S. (Sheff.) (to 30.6.55).

SADIE S. HOW, L.D.S., R.C.S. (Eng.) (to 31.12.55).

RITA M. HUGHES, B.D.S. (U. L'pool) (part-time).

J. W. McQUISTON, L.D.S. (Q. U. Belf.)

E. C. PACKHAM, L.D.S., R.C.S. (Eng.).

F. W. WALMSLEY, L.D.S., R.C.S. (Edin.).

E. WARD, L.D.S. (V. U. Manc.)

S. H. WOONTON, L.D.S., R.C.S. (Eng.) (from 1.10.55).

### **County Sanitary Officer:**

G. W. CURTIS, M.I.S.E., C.S.I.B., Meat and Food Inspector's Cert., D.P.A.

### **Senior Assistant County Sanitary Officer:**

A. J. ALLISON, C.S.I.B., Meat and Food Inspector's Cert.

### **Assistant County Sanitary Officer:**

A. C. COOPER, C.S.I.B.

### **Superintendent Nursing Officer:**

MISS A. DAY, S.R.N., S.R.C.N., S.C.M., H.V.Cert., Q.N.

### **Deputy Superintendent Nursing Officer:**

MISS D. E. UNSWORTH, S.R.N., S.C.M., H.V.Cert., Q.N.

### **Assistant Superintendent Nursing Officers:**

MISS G. CATO, S.R.N., S.R.F.N., S.C.M., H.V.Cert., Q.N. (from 1.2.55).

MISS G. A. THOMPSON, S.R.N., S.R.F.N., S.C.M., H.V.Cert., Q.N.

MISS M. WEARMOUTH, S.R.N., S.C.M., H.V.Cert., Q.N.

### **Health Visitors and School Nurses:**

MRS. L. BRADBURY, S.R.N., S.C.M., H.V.Cert.

MRS. E. J. BRADFORD, S.R.N., S.C.M., H.V.Cert.

\*MRS. P. D. CHADWICK, R.S.C.N.

MISS H. G. DAVIS, S.R.N., S.C.M., H.V.Cert.

MRS. W. A. DUNNELL, S.R.N., S.C.M., H.V.Cert.

MISS T. D. FULLER, S.R.N., S.C.M., H.V.Cert.

MRS. B. M. GRAY, S.C.M. (to 30.12.55).

\*MISS A. E. HOLDEN, R.S.C.N.

MISS R. C. HOWLETT, S.R.N., S.C.M., H.V.Cert.

MRS. A. M. KNOTT, Sick Children's Nurse.

MISS B. V. LESTER, S.R.N., S.C.M., H.V.Cert.

MISS M. C. LIMMER, S.R.N., Midwifery Pt. I, H.V. Cert.

†MISS M. W. LINDSAY, S.R.N., S.C.M., H.V.Cert.

MISS M. O'MEARA, S.R.N., S.C.M., H.V.Cert. (from 3.10.55).

\*MRS. F. B. NEVILLE, S.R.N. (to 29.9.55).

MRS. W. M. PETTS, S.R.N.

\*MRS. M. I. QUAYLE, S.R.N.

\*MISS C. SHINGLETON, S.R.N. (to 31.3.55).

MRS. J. ST. CLAIRE-VERNAN, S.R.N., S.C.M., H.V.Cert.

MISS L. B. STEEL, S.R.N., S.C.M., H.V.Cert.

\*MISS D. VICKERS, S.R.N.

\*MRS. O. N. WAINWRIGHT, Sick Children's Nurse.

MRS. E. WITTRED, S.R.N.

†MISS I. A. P. WYMER, S.R.N., S.C.M., H.V.Cert.

\*School nursing duties only.

†No school nursing duties.

### **Tuberculosis Health Visitors:**

MRS. I. M. HERNE, S.R.N., S.R.F.N., S.C.M.

MISS I. WARD, S.R.N., S.C.M., H.V.Cert.

### **Speech Therapists:**

MISS M. M. DIXON, L.C.S.T.

MISS J. RUTT, L.C.S.T.

MISS D. M. WHITTARD, L.C.S.T. (to 19.2.55).

**Senior Home Teacher and Visitor for the Blind:**

MISS H. G. BELLAMY, Cert. College of Teachers of the Blind.

**Home Teachers and Visitors for the Blind:**

MISS M. R. GREEN, Cert. College of Teachers of the Blind.  
MISS K. M. HOLLIDAY, Cert. College of Teachers of the Blind.  
MRS. M. D. NEAVE, Cert. College of Teachers of the Blind.  
MISS M. E. RISEBROOK, Cert. College of Teachers of the Blind.

**Home Help Organiser:**

MRS. E. A. KING, S.C.M., M.I.H.H.O.

**Occupation Centre Supervisors:**

MISS M. T. MEADE  
MISS S. J. GEE

**Psychiatric Social Worker:**

MRS. J. M. WESTERN.

**Home Teachers for Mental Defectives:**

MISS B. I. CUMING  
MISS F. S. HURN

**Superintendent Welfare Officer:**

C. J. TAYLOR

**Deputy Superintendent Welfare Officer:**

T. H. HIGHAM

**Local Welfare Officers:**

A. BOOTHMAN	D. R. INGHAM
S. H. BOUGHEN	V. K. C. KIRBY
J. COWELL	T. A. MAYFIELD
S. J. DODMAN	W. J. PEACOCK
S. FRYER	F. L. RAY
C. J. GALLANT	R. S. REEVE
V. C. HALL	J. A. ROWE

**Chief Clerk:**

E. W. DURRANT

**SPECIALIST STAFF (Part-time).**

**Chest Physicians:**

A. H. F. COUCH, M.D., M.R.C.P., D.C.H.  
G. F. BARRAN, M.D., M.R.C.S., L.R.C.P.  
(Joint appointments with Regional Hospital Board.)

**County Analyst:**

ERIC C. WOOD, Ph.D., A.R.C.S., F.R.I.C.

# I. STATISTICS AND SOCIAL CONDITIONS OF THE ADMINISTRATIVE COUNTY.

Acreage	...	...	...	...	...	...	1,302,501
Population—Estimated by Registrar-General (mid-1955)						..	377,300
Product of Penny Rate for general purposes (1955-56)						...	£6,579
Rateable Value for general purposes (1st April, 1956)						...	£3,051,051

## BIRTHS. (See Table 1.)

### Live births—

Rate per 1000 of the estimated population ... .. 14.78

### Still-births—

Rate per 1000 total (live and still-) births ... .. 21.24

The following table shows the number of live births registered and the birth rates during the past five years:—

Year	Administrative County		Rate for England and Wales
	Net no. registered	Rate	
1951	5524	14.81	15.5
1952	5607	15.04	15.3
1953	5862	15.64	15.5
1954	5696	15.12	15.2
1955	5575	14.78	15.0

The Norfolk birth rate again dropped in 1955, being 14.78 per 1000 of the estimated mid-year population, compared with 15.12 in 1954.

The birth rate for England and Wales also dropped from 15.2 in 1954 to 15.0 in 1955, and although the Norfolk figure is below this, the application of the comparability factor (1.12) gives a more favourable comparison, viz., 16.55.

Illegitimate births comprised 4.23% of all live births and again showed a small decrease on the previous year's figure.

The still-birth rate of 21.24 per 1000 live and still-births was lower than the 1954 figure of 24.16, and than the England and Wales figure of 23.1.

BIRTHS AND DEATHS.

TABLE 1.

County district.	Population 30/6/55	Live births			Still-births			Deaths of infants under 1 year of age			Deaths of infants under 4 wks. of age			Total deaths (all causes)	
		Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total		
<b>MUNICIPAL BOROUGHS—</b>															
King's Lynn ... ..	26,120	407	27	434	8	2	10	9	1	10	7	—	7	283	
Thetford ... ..	4,600	84	4	88	2	—	2	2	—	2	1	—	1	101	
	30,720	491	31	522	10	2	12	11	1	12	8	—	8	384	
<b>URBAN DISTRICTS—</b>															
Cromer ... ..	4,880	64	7	71	1	—	1	1	—	1	—	—	—	67	
Diss ... ..	3,580	63	1	64	—	—	—	—	—	—	—	—	—	34	
Downham Market ... ..	2,610	31	1	32	2	—	2	1	—	1	1	—	1	59	
East Dereham ... ..	6,650	105	4	109	1	—	1	2	1	3	2	—	2	65	
Hunstanton ... ..	3,820	111	4	115	1	1	2	2	—	2	1	—	1	48	
North Walsham ... ..	4,790	57	3	60	2	—	2	1	—	1	1	—	1	50	
Sheringham ... ..	4,650	79	5	84	—	—	—	—	1	1	—	—	—	60	
Swaffham ... ..	3,040	50	3	53	—	—	—	—	—	—	—	—	—	41	
Wells-next-the-Sea ... ..	2,590	37	3	40	—	—	—	3	—	3	3	—	3	26	
Wymondham ... ..	5,770	85	2	87	2	—	2	1	—	1	1	—	1	75	
	42,380	682	33	715	9	1	10	11	2	13	9	—	9	525	
<b>RURAL DISTRICTS—</b>															
Blofield and Flegg ... ..	32,150	335	19	354	8	2	10	7	1	8	6	1	7	503	
Depwade ... ..	18,170	258	5	263	8	—	8	7	—	7	7	—	7	245	
Docking ... ..	17,440	315	20	335	5	—	5	9	1	10	3	1	4	198	
Downham ... ..	24,000	359	15	374	9	—	9	5	—	5	3	—	3	212	
Erpingham ... ..	19,620	250	8	258	7	1	8	2	—	2	2	—	2	271	
Forehoe and Henstead ... ..	24,010	360	8	368	10	—	10	4	—	4	1	—	1	404	
Freebridge Lynn ... ..	11,120	184	7	191	1	—	1	3	1	4	1	1	2	120	
Loddon ... ..	12,770	159	4	163	4	—	4	3	—	3	3	—	3	125	
Marshland ... ..	16,390	219	14	233	5	—	5	3	—	3	2	—	2	127	
Mitford and Launditch ... ..	18,390	240	13	253	6	1	7	4	3	7	2	—	2	196	
St. Faith's and Aylsham ... ..	39,180	523	16	539	4	—	4	11	1	12	10	1	11	572	
Smallburgh ... ..	18,120	208	9	217	7	1	8	2	1	3	1	1	2	200	
Swaffham ... ..	8,710	116	9	125	3	—	3	3	—	3	1	—	1	85	
Walsingham ... ..	24,130	347	12	359	8	—	8	7	—	7	7	—	7	189	
Wayland ... ..	20,000	293	13	306	9	—	9	5	1	6	5	1	6	197	
	304,200	4166	172	4338	94	5	99	75	9	84	54	6	60	3640	
<b>ADMINISTRATIVE COUNTY</b> ... ..	<b>377,300</b>	<b>5339</b>	<b>236</b>	<b>5575</b>	<b>113</b>	<b>8</b>	<b>121</b>	<b>97</b>	<b>12</b>	<b>109</b>	<b>71</b>	<b>6</b>	<b>77</b>	<b>4553</b>	



DEATHS. (See Tables 1 and 3.)

Deaths per 1000 of the estimated population	...	12.07
Deaths from pregnancy, childbirth and abortion:—		
Deaths—4. Rate per 1000 total (live and still-) births	...	0.71
Death rate of infants under 1 year of age:—		
All infants per 1000 live births	...	19.37
Legitimate infants per 1000 legitimate live births		18.17
Illegitimate infants per 1000 illegitimate live births		50.85

The following table gives a comparison of the number of deaths and death rates during the past five years:—

Year	Urban Districts		Rural Districts		Administrative County		England and Wales—Crude death rate
	No. of deaths	Crude death rate	No. of deaths	Crude death rate	No. of deaths	Crude death rate	
1951	1012	14.17	3627	12.02	4639	12.44	12.5
1952	951	13.24	3256	10.82	4207	11.29	11.8
1953	977	13.42	3425	11.34	4402	11.74	11.4
1954	903	12.39	3519	11.55	4422	11.74	11.8
1955	909	12.43	3344	11.98	4553	12.07	11.7

The crude death rate of 12.07 per 1000 of the mid-year population showed an increase of 0.33 on the 1954 rate, and is higher than the rate for England and Wales (11.7). When the comparability factor of 0.86 is applied, however, it shows a rate of 10.38, which is considerably lower than the national rate.

The age distribution showed that 76% of the deaths were of persons of 65 years or over.

Of the main causes of death, 34% were due to heart disease, 16% to cancer, 13% to vascular lesions of the nervous system, and 8% to respiratory diseases other than pulmonary tuberculosis. The latter accounted for 0.5%.

The maternal mortality rate was 0.71 per 1000 live and still-births, compared with 0.64 for England and Wales.

Infant mortality at 19.37 per 1000 live births was 1.52 less than 1954 and the lowest on record. The rate for England and Wales was 24.9. 71% of infant deaths occurred during the first month of life.

TABLE 2.

## VITAL STATISTICS 1936-55 (TWENTY YEARS).

Year	Live Births.				Still-Births.		Infantile Mortality.				Maternal Mortality.		Deaths.		
	Total for County.	Birth rate per 1000 pop.	Rate for England and Wales.	Sex-ratio (Males to 100 Females).	Rate per 1000 (all births).	Legit. (per 1000 legit. births).	Illegit. (per 1000 illegit. births).	Total live births.	England and Wales.	Rate per 1000 live and still-births.	Total for County.	Rate per 1000 pop.	Rate for England and Wales.		
1936	4802	14.85	14.8	104	39.98	43.67	77.55	47.48	59	5.39	4055	12.85	12.1		
1937	4878	15.01	14.9	102	35.78	47.18	50.54	47.35	58	1.42	4141	12.74	12.4		
1938	4861	14.93	15.1	106	36.28	37.63	71.09	39.08	53	1.98	3793	11.65	11.6		
1939	4907	14.94	15.0	107	36.25	39.59	80.85	41.57	51	4.01	4184	12.76	12.1		
1940	4992	14.74	14.6	106	38.33	45.91	71.43	47.00	57	1.67	4542	13.41	14.3		
1941	5221	15.32	14.2	105	31.06	45.25	34.92	44.63	60	2.12	4318	12.64	12.9		
1942	6031	18.25	15.8	108	31.58	39.50	63.13	41.05	51	1.12	4268	12.89	11.6		
1943	5807	17.70	16.5	109	28.77	38.40	70.85	41.16	49	1.84	4142	12.63	12.1		
1944	6611	20.06	17.6	102	25.64	31.00	50.00	36.00	45	1.92	4209	12.77	11.6		
1945	5969	18.38	16.1	110	29.45	37.85	63.56	41.38	46	1.30	4055	12.48	11.4		
1946	6612	19.79	19.1	104	24.63	29.75	49.73	31.46	43	1.66	4071	12.18	11.5		
1947	7090	20.84	20.5	105	18.95	34.22	70.26	36.39	41	0.97	4354	12.62	12.0		
1948	6137	17.56	17.9	103	24.63	30.51	50.06	31.61	34	0.79	3922	11.22	10.8		
1949	5793	16.40	16.7	106	21.62	26.78	51.06	27.44	32	0.67	4377	12.39	11.7		
1950	5755	15.85	15.8	106	20.59	25.42	30.67	25.72	29.8	0.51	4159	11.46	11.6		
1951	5524	14.81	15.5	104	23.85	28.68	44.22	29.51	29.6	0.88	4639	12.44	12.5		
1952	5607	15.04	15.3	101	19.58	27.49	40.54	28.18	27.6	0.36	4207	11.29	11.3		
1953	5862	15.64	15.5	101	20.88	25.87	23.88	25.76	26.8	0.52	4402	11.74	11.4		
1954	5696	15.12	15.2	113	24.16	20.73	23.97	20.89	25.5	0.69	4422	11.74	11.3		
1955	5575	14.78	15.0	109	21.24	18.17	50.85	19.37	24.9	0.71	4553	12.07	11.7		



DEATHS BY AREAS AND AGE GROUPS.

TABLE 3.

Cause of death	Municipal Boroughs		Urban Districts										Rural Districts										Total	Age at death													
	King's Lynn	Thetford	Cromer	Diss	Downham Market	East Dereham	Hunstanton	North Walsham	Sheringham	Swaffham	Wells-next-the-Sea	Wymondham	Blofield and Flegg	Depwade	Docking	Downham	Erpingham	Forehoe and Henstead	Freebridge Lynn	Loddon	Marshland	Mitford and Launditch		St. Faith's and Aylsham	Smallburgh	Swaffham	Walsingham	Wayland	0—	1—	5—	15—	25—	45—	65—	75—	
																													0—	1—	5—	15—	25—	45—	65—	75—	
Tuberculosis, respiratory ... ..	3	1	1	1	—	—	—	—	—	—	1	3	1	1	1	3	—	—	2	1	1	1	1	—	1	1	24	—	—	—	1	3	14	5	1		
Tuberculosis, other ... ..	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	1	1	—	—	—	—	—	2	—	—	8	—	2	2	2	—	2	—	—			
Syphilitic disease ... ..	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	3	—	1	1	8	—	—	—	—	2	4	2	—			
Diphtheria ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
Whooping cough ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Meningococcal infection ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Acute poliomyelitis ... ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	1	4	—	—	2	1	1	—	—	—			
Measles ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Other infective and parasitic diseases ... ..	—	—	—	—	1	—	—	—	—	—	—	2	—	1	2	—	2	1	—	—	—	1	1	—	1	12	—	—	1	2	4	3	1	1			
Malignant neoplasm, stomach ... ..	5	1	2	2	3	2	1	2	1	3	—	10	7	8	11	5	7	5	4	3	6	18	7	4	1	2	121	—	—	—	—	1	27	36	57		
Malignant neoplasm, lung, bronchus ... ..	11	1	2	—	—	—	1	4	1	1	3	12	4	3	7	—	7	3	1	3	3	22	3	2	3	5	103	—	—	—	—	4	58	29	12		
Malignant neoplasm, breast ... ..	1	1	1	—	1	2	2	1	—	—	1	12	1	4	6	3	6	—	1	2	2	11	2	—	1	3	65	—	—	—	—	5	28	16	16		
Malignant neoplasm, uterus ... ..	—	—	—	—	—	—	—	—	—	2	—	2	3	3	—	—	2	—	2	4	3	2	1	1	—	1	26	—	—	—	—	6	12	5	3		
Other malignant and lymphatic neoplasms ... ..	29	11	6	3	4	12	2	4	6	3	4	52	19	17	19	19	41	10	13	10	20	50	23	4	21	16	426	1	1	4	4	22	91	142	161		
Leukæmia, aleukæmia ... ..	—	—	—	—	—	1	—	—	—	—	1	2	1	—	2	—	2	—	—	—	—	—	2	—	1	1	15	—	—	1	1	3	2	5	3		
Diabetes ... ..	2	—	2	2	—	—	—	—	—	—	2	3	2	3	—	2	9	—	3	2	4	3	6	2	1	4	53	—	—	—	—	5	8	20	20		
Vascular lesions of nervous system ... ..	48	22	6	2	14	12	7	5	6	9	4	10	71	29	28	34	36	60	26	15	12	38	104	36	13	23	24	694	—	—	—	1	10	100	199	384	
Coronary disease, angina ... ..	35	10	11	5	2	9	6	6	11	7	1	16	59	28	20	19	37	48	15	18	19	22	58	30	10	23	30	555	—	—	—	—	8	122	194	231	
Hypertension with heart disease ... ..	9	4	4	1	3	—	2	—	—	—	4	15	3	5	5	5	7	3	3	3	3	13	6	—	4	2	104	—	—	—	—	3	12	35	54		
Other heart disease ... ..	32	31	8	6	6	11	11	9	22	5	1	14	106	63	33	39	93	89	19	23	22	31	105	34	17	47	34	911	—	—	—	—	6	73	188	644	
Other circulatory disease ... ..	10	2	6	1	4	2	3	6	1	3	—	2	14	17	8	15	12	43	5	6	3	7	30	5	5	10	17	237	—	—	—	—	5	25	53	154	
Influenza ... ..	3	—	2	2	3	—	1	—	1	—	1	11	1	1	2	1	3	2	2	—	2	—	1	2	2	2	45	—	—	—	—	1	—	6	12	26	
Pneumonia ... ..	25	2	6	2	—	2	3	2	1	2	3	1	21	9	13	13	5	22	5	3	8	13	35	5	4	4	7	216	20	5	—	—	3	21	39	128	
Bronchitis ... ..	16	3	1	2	6	—	1	—	2	—	2	1	13	6	5	5	7	8	4	5	11	6	21	4	2	5	7	143	—	—	—	—	1	26	37	79	
Other diseases of respiratory system ... ..	1	1	—	1	2	—	—	—	—	—	2	2	3	1	—	—	1	1	—	1	—	5	—	1	1	1	24	1	1	—	—	—	7	10	5		
Ulcer of stomach and duodenum ... ..	4	—	—	—	—	1	—	—	—	1	—	2	2	4	4	2	3	1	—	3	2	8	1	—	1	3	44	—	—	—	—	—	13	15	16		
Gastritis, enteritis and diarrhœa ... ..	—	—	—	—	1	—	—	—	—	1	—	—	7	—	—	2	1	2	—	—	—	1	1	—	—	—	11	1	1	—	—	—	1	2	1	4	
Nephritis and nephrosis ... ..	3	1	1	—	1	2	—	—	—	2	2	—	9	3	4	2	4	4	—	1	1	2	2	4	1	1	4	2	53	—	—	—	—	—	3	13	57
Hyperplasia of prostate ... ..	4	3	1	1	1	—	1	1	—	—	—	1	—	1	—	—	—	—	—	1	—	—	—	—	—	1	4	—	—	—	2	—	—	2	—		
Pregnancy, childbirth, abortion ... ..	—	—	—	—	—	—	—	—	—	—	—	4	3	1	1	1	2	1	1	—	—	1	3	—	—	—	19	12	—	1	—	2	3	1	—		
Congenital malformations ... ..	1	—	—	—	—	—	—	—	—	—	—	4	3	1	1	1	2	1	1	—	—	1	3	—	—	—	19	12	—	1	—	2	3	1	—		
Other defined and ill-defined diseases ... ..	27	7	4	2	7	6	4	8	2	—	3	6	52	21	27	18	21	22	13	14	9	13	52	18	12	17	22	407	72	5	2	4	16	59	69	180	
Motor vehicle accidents ... ..	5	—	—	1	—	—	—	1	—	—	—	1	3	—	3	—	3	2	—	3	4	6	—	2	6	3	43	—	2	5	9	8	9	8	2		
All other accidents ... ..	7	—	3	—	—	3	1	1	2	4	1	1	10	11	4	1	4	7	1	2	5	4	13	—	2	5	4	96	1	2	3	6	9	11	17	47	
Suicide ... ..	1	—	—	—	—	—	—	—	—	—	—	—	3	3	2	—	4	3	1	2	1	2	—	—	—	—	36	—	—	—	—	11	16	5	4		
Homicide and operations of war ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—		
All causes ... ..	283	101	67	34	59	65	48	50	60	41	26	75	503	245	198	212	271	404	120	125	127	196	572	200	85	189	197	4553	109	20	21	39	145	764	1170	2285	



DEATHS BY AGE GROUPS—ADMINISTRATIVE COUNTY.  
(Percentage of All Deaths)

Year	Age Group.					
	0—	1—	5—	15—	45—	65—
1935	5.1	1.5	2.0	9.4	19.8	62.2
1936	5.6	1.7	1.0	8.2	18.8	64.7
1937	5.6	1.4	1.3	8.7	19.6	63.4
1938	5.0	1.0	1.1	9.0	19.4	64.5
1939	4.9	1.0	1.0	8.1	19.0	66.0
1940	5.1	1.6	1.4	7.5	19.3	65.1
1941	5.4	1.7	1.4	8.3	19.1	64.0
1942	5.8	1.2	1.3	7.3	19.8	64.6
1943	5.8	1.6	1.2	6.6	18.4	66.4
1944	5.7	1.4	1.5	7.1	18.0	66.3
1945	6.1	1.2	1.3	6.5	18.7	66.2
1946	5.1	0.9	0.8	6.3	17.5	69.4
1947	5.9	0.5	0.8	5.4	17.4	69.9
1948	4.9	1.0	0.7	6.2	18.3	68.9
1949	3.9	0.8	0.6	5.1	16.7	72.9
1950	3.6	0.7	0.7	5.1	17.3	72.6
1951	3.5	1.0	0.8	4.9	16.5	73.3
1952	3.8	0.4	0.6	4.6	17.2	73.4
1953	3.5	0.6	0.7	5.3	17.1	72.8
1954	2.7	0.5	0.7	4.5	16.4	75.0
1955	2.4	0.4	0.5	4.0	16.8	75.9

## II. CARE OF MOTHERS AND YOUNG CHILDREN.

### MATERNITY ACCOMMODATION.

#### MIDWIFERY CASES.

48 midwifery cases were admitted to the West Norwich Hospital because of unsatisfactory home conditions, 12 more than in the previous year.

#### MATERNITY CASES.

The Norwich, Lowestoft and Gt. Yarmouth, and the King's Lynn Area Hospitals Management Committees were provided, upon request, with sociological reports on cases referred by general practitioners for admission to hospital and in which normal confinement was anticipated. Requests for similar reports have occasionally been received from the Ipswich Group Hospital Management Committee for cases on the Norfolk/Suffolk border.

#### DOMICILIARY CONFINEMENTS.

64% of all Norfolk confinements took place in the patients' own homes. This figure is comparable with that of 65% for the previous year.

## UNMARRIED MOTHERS.

The agency agreements with the Norwich and Ely Diocesan Councils for Moral Welfare for the care and training of unmarried mothers have been continued. The number of cases dealt with was:—

Care and training in hostels with financial assistance from the Council	...	...	...	...	...	28
Without admission to hostel	...	...	...	...	...	87
						115

These figures are a considerable decrease on the previous year, when 50 cases were assisted in hostels and 112 otherwise. Those cases admitted to hostels were mainly referred by the Moral Welfare Workers, while those assisted in other ways were usually ascertained from notification of birth cards.

(a) <i>Classification</i> —				Admitted to hostels	Not admitted to hostels	Total	
First illegitimate child	...	...	...	23	60	83	
Second illegitimate child	...	...	...	5	13	18	
Third illegitimate child	...	...	...	—	10	10	
Fourth or more illegitimate child	...	...	...	—	4	4	
				28	87	115	
(b) <i>Age of mother</i> —							
Under 16	...	...	...	—	—	—	
16—21	...	...	...	22	48	70	
22—25	...	...	...	3	20	23	
26—30	...	...	...	2	12	14	
Over 30	...	...	...	1	7	8	
				28	87	115	
(c) <i>Care of child</i> —						No.	%
Still-born	...	...	...	1	4	5	4.3
Died	...	...	...	—	4	4	3.5
Kept by mother	...	...	...	16	59	75	65.2
Fostered	...	...	...	3	10	13	11.3
Adopted	...	...	...	6	7	13	11.3
Dr. Barnardo's	...	...	...	—	1	1	.9
Children's Committee	...	...	...	2	2	4	3.5
				28	87	115	100
(d) <i>Hostels to which admitted</i> —							
St. Paul's Lodge, Great Yarmouth	...	...	...	...	...	13	
Heigham Grove Shelter, Norwich	...	...	...	...	...	6	
Bateman Street Mother and Baby Home, Cambridge	...	...	...	...	...	5	
Birdhurst Lodge, South Croydon	...	...	...	...	...	2	
St. Christopher's, Paddington	...	...	...	...	...	1	
Beacon Lodge, East Finchley	...	...	...	...	...	1	
						28	

## CARE OF PREMATURE INFANTS.

327 premature live births (11 more than in the previous year) were notified as follows:—

Born in hospital	...	...	...	...	...	194
Born at home and nursed entirely at home	...	...	...	...	...	89
Born at home and transferred to hospital	...	...	...	...	...	33
Born, and entirely nursed, at private nursing home	...	...	...	...	...	10
Born at private nursing home and transferred to hospital	...	...	...	...	...	1
						327

288 of these infants survived 28 days.

49 premature still-births were also notified. 35 of these occurred in hospital, 13 at home, and 1 in a private nursing home.

The two Queen Charlotte type oxygen tents were kept available at King's Lynn and Norwich for use as necessary in domiciliary cases. The King's Lynn tent was not used during the year, whilst that at Norwich was used on two occasions, although unfortunately both infants died following transfer to hospital.

## ANTE-NATAL AND POST-NATAL ARRANGEMENTS.

The decline in the number of cases requiring ante-natal and post-natal examinations through the Council's scheme, which has been apparent each year since 1948, has continued. Only 30 cases were examined during 1955 under the Council's scheme, these examinations being carried out by medical practitioner/obstetricians at appropriate fees.

## INFANT WELFARE CENTRES.

Early in the year, a general review of the infant welfare centre facilities was carried out. 18 centres which had consistently low attendances throughout the previous year were discontinued and 4 new centres were opened, including one at New Costessey in the city fringe area. At the end of the year, 162 County Council centres were in operation, holding 186 sessions per month. A medical officer attends regularly where there is an average attendance of 25 or more children per session, and visits the smaller centres at intervals.

Details of attendances during the year are:—

Number of first attendances of children under one year of age	...	...	...	...	...	3,169 (3,583)
Number of children who attended during the year who were born in:—						
1955	...	...	...	...	...	2,712
1954	...	...	...	...	...	2,785
1953-50	...	...	...	...	...	4,315
						9,812

Total number of attendances made by the above children ... .. 50,464 (52,044)

(The figures in brackets are the corresponding figures for 1954.)

Mothers and young children living in the fringe area of the county adjacent to Wisbech continue to attend that centre by kind permission of the Isle of Ely County Council. Similarly, a small number of Isle of Ely mothers and children attend the Outwell (Norfolk) centre.

#### VOLUNTARY AND R.A.F. CENTRES.

In addition to the centres provided by the County Council, there are 35 voluntary weighing centres organised by local nursing committees and staffed by district nurse/health visitors, at which 877 children made 5,573 attendances. Centres at 7 R.A.F. stations provided facilities for service families. The Station Medical Officer usually attended, assisted by the Council's health visiting staff. 421 children made 2,155 attendances at these centres.

#### WELFARE FOODS AND MEDICAMENTS.

Proprietary brands of welfare foods are available for issue at infant welfare centres at cost price, or free of charge in necessitous cases. Medicaments are also available for issue free of cost when recommended on medical grounds.

#### NATIONAL WELFARE FOODS.

The Ministry of Food scheme, transferred to local health authorities in 1954, has continued to operate smoothly. The position is constantly under review, new voluntary centres being opened and old ones closed in the light of the needs of each particular village. The work of the voluntary distributors under the revised arrangements is very much appreciated.

The following foods were distributed:—

National dried milk	...	...	...	168,222 tins.
Cod liver oil	...	...	...	43,613 bottles.
Vitamin A and D tablets	...	...	...	14,025 packets.
Orange juice	...	...	...	209,112 bottles.

At the end of the year, there were 282 centres—70 “official” (nurses, infant welfare centres and local health offices) and 212 “voluntary” (private residents, shopkeepers, etc.).

#### DENTAL TREATMENT.

The Chief Dental Officer reports:—

It is becoming more generally known that expectant and nursing mothers and pre-school children are entitled to receive free dental treatment through the County Council's service, and the number of these cases is increasing. In spite of serious dental staffing problems, no mother or child who has invoked the aid of this scheme has been neglected.

It is felt, however, that should the professional staff, by good fortune, ever reach its full complement (of which it is now only 50%) the scheme could be very greatly expanded to the advantage of these extremely important groups.

The increase in the amount of dental work over that of the preceding year may be briefly summarised thus:—

	1954	1955
Number of mothers examined ... ..	85	232
Number of mothers treated ... ..	84	214
Number of pre-school children examined...	172	188
Number of pre-school children treated ...	166	161

These results could not have been attained without the kind co-operation of the doctors and nurses concerned.

#### DENTAL CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

##### (a) *Numbers provided with Dental Care.*

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers ... ..	232	225	214	179
Children under five ... ..	188	165	161	157

##### (b) *Forms of Dental Treatment provided.*

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided Full Upper or Lower	Partial Upper or Lower	Radio-graphs
Expectant and Nursing Mothers	101	126	—	2	694	69	52	112	1
Children under five	5	28	249	—	292	60	—	—	1

#### NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

At the end of the year, 4 daily minders, caring for a total of 35 children, and 2 buildings, with facilities for 18 children, were registered with the Council. All are visited at intervals by the Council's medical officers.

#### BIRTH CONTROL.

The Norwich Mothers' Clinic and the Cambridge Women's Welfare Association provide constructive birth control facilities for Norfolk mothers, and the County Council continues to make grants towards their expenses.

### III. MIDWIFERY SERVICES.

The agency arrangements with the Norfolk County Nursing Association have continued. The domiciliary midwifery service was carried out by 6 whole-time midwives and 141 district nurse/midwives employed by the Association.

#### PRACTISING MIDWIVES.

Notices of intention to practise in the county were received from 263 midwives and 39 ceased to practise during the year. At the end of the year, there were 224 midwives on the register, compared with 225 at the end of the previous year. 336 visits of inspection were made by the Superintendent Nursing Officer and her assistants, acting as non-medical supervisors of midwives.

## EMERGENCY MEDICAL AID.

The effect of the services provided under Part IV of the National Health Service Act, 1946, upon the services provided by the Council under Section 22 of the Act has already been referred to in connection with ante-natal and post-natal clinics. There has also been a steady decline in the number of cases in which it has become necessary for the midwife to summon medical aid where a doctor was not previously booked for the confinement. It is, however, of some interest to note that the number of cases where medical aid had to be summoned where maternity medical services were being provided by a practitioner under Part IV of the Act continued to increase. Comparable figures for 1955 and the two previous years are:—

(a) <i>For domiciliary cases—</i>	1955	1954	1953
(i) Maternity service cases under Part IV of the Act ... ..	168	143	93
(ii) Midwifery cases—doctor not booked ...	22	62	75
	190	205	168
(b) <i>Cases in institutions</i> ... ..	—	1	2

## CONFINEMENTS.

The number of domiciliary confinements attended by midwives, acting either as midwives or as maternity nurses, was 3,043, 138 less than in the previous year. In addition, the midwives attended 201 cases of miscarriage, a decrease of 54 on the figure for 1954.

232 confinements were dealt with entirely as midwifery cases, with no doctor booked. Of the 2,792 maternity medical services cases where a general practitioner had been engaged, the doctor was not present at the actual confinement in 1,482 cases (53%). In 27 cases, a doctor was called to the confinement although he had not previously been engaged. Private midwives attended 8 domiciliary cases.

Comparative figures for the past three years are:—

Domiciliary confinements—	1955	1954	1953
Midwifery/maternity cases (doctor not present) ... ..	1,711	1,823	1,876
Maternity cases (doctor present) ...	1,332	1,358	1,302
	3,043	3,181	3,178
Institutional confinements ... ..	1,394	1,397	1,536
Private cases (domiciliary and institutional)	313	331	587
	4,750	4,909	5,101
Visits made—			
Maternity and midwifery ... ..	60,048	60,836	66,222
Ante- and post-natal ... ..	30,779	29,725	31,549

The domiciliary midwives attended 1,230 cases confined in institutions but discharged before the fourteenth day. 4,631 visits were made to these cases.

## ANALGESIA.

Of the 147 midwives employed by the County Nursing Association, 139 are qualified to administer gas and air analgesia and 137 sets of apparatus are



in use. 27 midwives in Regional Hospital Board establishments and 10 in private practice or employed in private nursing homes are also qualified. Analgesia was administered by the Association's midwives in 2,568 cases (1,138 maternity and 1,430 midwifery), compared with 2,333 in 1954. 6 cases were dealt with by domiciliary midwives in private practice.

Pethidine was administered by the County Nursing Association's midwives in 1,705 domiciliary cases (700 maternity and 1,005 midwifery), while private midwives dealt with 5 cases.

#### OPHTHALMIA NEONATORUM.

5 cases were notified during the year in respect of 2 institutional and 3 domiciliary confinements. In none of the domiciliary cases was it necessary for the baby to be admitted to hospital, and there was no apparent impairment of vision in any case.

#### PUERPERAL PYREXIA.

15 domiciliary and 18 institutional cases were notified during the year. The necessary facilities for treatment were available in all cases.

### IV. HEALTH VISITING.

The problem of recruiting health visitors necessitated careful consideration of ways and means of attracting suitable applicants. The Council has hitherto offered two scholarships each year, and it was decided to increase the number to three. It is gratifying to report that all these were taken up. The scholarships are awarded upon the condition that the students undertake to work in the county for at least two years after qualifying.

Considerable difficulty was experienced in covering the county for health visiting purposes, as the Minister of Health declined to grant health visiting dispensations to a number of the district nurse/midwives employed by the County Nursing Association. This led to the services of the Council's fully-qualified health visitors having to be deployed over wide areas, though the ultimate aim is to combine district nursing, midwifery and health visiting in rural areas, and use full-time health visitors only in the urbanised parts of the county.

2 full-time health visitors and 14 full-time health visitor/school nurses were employed at the end of the year, and a further 6 nurses devoted their full time to school nursing. 71 district nurse/midwives employed by the County Nursing Association also devoted approximately half of their time to health visiting. The 14 full-time health visitor/school nurses devoted approximately half their time to each of their duties. The work of the health visitors for the past five years is summarised below:—

Year.	Ante-natal visits.	First visits to children under 1 year.	Total visits to children 0—5 years.	Total visits.
1951 ...	14,562	5,019	104,131	123,712
1952 ...	16,667	5,747	118,627	135,294
1953 ...	28,607	5,757	109,713	138,320
1954 ...	26,922	5,504	118,858	151,284
1955 ...	27,918	4,904	104,338	137,160

Altogether, the health visitors visited 18,794 families, including 375 tuberculous households.

The work of the full-time tuberculosis health visitors is included in the section of the report dealing with tuberculosis.

## V. HOME NURSING.

The County Nursing Association acts as the agent of the Council for this service. 5 nurses were employed full-time and 136 district nurses devoted part of their time to these duties, estimated to be equivalent to a further 64 whole-time home nurses. The Superintendent Nursing Officer and her assistants carry out the necessary supervision. Details of the cases and of the number of visits paid during the year are as follows:—

	No. of cases.	No. of visits.
Medical ... ..	6,720	126,870
Surgical ... ..	3,348	47,314
Tuberculosis ... ..	62	2,361
Other infectious diseases ... ..	12	36
Maternal complications ... ..	77	607
Others ... ..	984	31,410
	<hr/>	<hr/>
	11,203	208,598
	<hr/>	<hr/>

Of the above cases, 4,564 were 65 years of age or over at the time of the first visit, and a total of 112,458 visits was paid to them. 1,132 cases were children under the age of 5 years at the time of the first visit and these received a total of 5,697 visits. 1,209 cases received more than 24 visits during the year.

The hospitals have continued to co-operate to the fullest extent in notifying patients requiring nursing care upon discharge with a view to ensuring domiciliary visiting without delay. All district nurses work in the closest possible co-operation with medical practitioners.

## VI. HOUSING ACCOMMODATION FOR DISTRICT NURSES.

The five-year building programme agreed upon by the Health Committee in 1951 has almost been completed and has done much to ease the accommodation problem for nursing staff. The Committee has decided not to embark upon a further five-year programme, and consideration is to be given to the requirements of the next two years only. At the end of the year, 133 district nurses were accommodated as follows:—

- 24 in County Council houses.
- 20 in District Council houses.
- 43 in houses rented by or leased to the County Nursing Association.
- 31 in their own houses.
- 15 in rooms or houses (other than Council houses) rented by the nurses.

## VII. TRAINING AND REFRESHER COURSES FOR NURSING STAFF.

The following courses were attended by members of the supervisory and district nursing staff during 1955:—

- Midwives' Refresher Courses—Attended by 4 district nurse/midwives.
- Health Visitors' Post-Certificate Courses—Attended by 2 health visitors.
- Post-Certificate Course for Supervisors of Midwives—Attended by 1 assistant supervisor.
- Nursing Administrators' Course—Attended by 1 assistant superintendent.
- Queen's Institute of District Nursing: Refresher Course for District Nurses—Attended by 4 nurses.
- Queen's Institute of District Nursing: Course of Queen's Nurse training—Attended by 3 nurses.

## VIII. VACCINATION AND IMMUNISATION.

### VACCINATION.

1,804 children under the age of one year were vaccinated during 1955. This is equivalent to 32% of the number of births notified.

Every effort is being made to increase the number of children vaccinated in infancy, but the figures indicate how insecure the general population is against an outbreak of smallpox.

Numbers of cases vaccinated or re-vaccinated during 1954 and 1955 are as follows:—

Age at which vaccinated	Vaccinations		Re-vaccinations	
	1954	1955	1954	1955
Under 1 year ...	1,805	1,804	—	—
1 year ...	172	247	4	6
2—4 years ...	60	78	20	26
5—14 years ...	53	43	60	59
15 years and over	133	145	364	382
	2,223	2,317	448	473

### DIPHTHERIA IMMUNISATION.

Once again no case of diphtheria was recorded during the year, and no death due to this disease has occurred since 1946. As a consequence, there is a tendency to apathy on the part of the public with regard to the immunisation of the young. Complacency may well lead to the child population again becoming subject to this serious and frequently fatal infection.

Medical officers, health visitors, school teachers and district nurses have all devoted much time to securing the consent of parents to primary immunisation and also to ensuring that the “booster” injections are carried out at 4- to 5-year intervals after the primary immunisation. Full use is also made of literature obtained from the Central Council for Health Education.

During the year, 1,726 children were given primary immunisation before they had reached their first birthday, which represents some increase over the two preceding years. Comparable figures for the past three years for primary and re-inforcing injections are as follows:—

	Immunised			Given re-inforcing injections		
	1955	1954	1953	1955	1954	1953
Under 1 year ...	1,726	1,496	1,463	—	—	—
Aged 1—4 ...	1,650	2,092	1,874	177	229	203
Aged 5—14 ...	1,207	1,390	1,338	5,502	7,761	5,931
Total ...	4,583	4,978	4,675	5,679	7,990	6,134

The numbers of children who have been primarily immunised or who have received re-inforcing injections as at 31st December, 1955, are as follows:—

	Under 1.	1—4.	5—9.	10—14.	Total.
Last injection in 1951-55	724	12,604	18,860	14,713	46,901
Last injection 1950 or earlier ...	—	—	5,135	7,973	13,108
Estimated mid-year population ...	5,530	22,670	58,400		86,600

13.1% of the children under 1 year of age at the end of the year had been immunised. A further 55.6% of those between 1 and 4, and 57.5% of those between 5 and 14, were also fully protected, equivalent to 54.1% of all children in the county under the age of 15. This is 4% higher than at the end of the previous year. A further 13,108 children (15.1%) had been immunised prior to 1950, but cannot be regarded as being fully protected as they have not received the necessary booster injection.

#### VACCINATION AGAINST WHOOPING COUGH.

This scheme was introduced in Norfolk during 1953. The Council makes available to general practitioners and to the Council's medical staff the suspended pertussis and the combined suspended diphtheria pertussis vaccines. No report is requested from general practitioners using the pertussis vaccine, and it is therefore not possible to give any indication of the total number of children who have been protected by the use of this prophylactic, though 22 children were known to have been so vaccinated.

The number of children known to have been immunised against whooping cough by the use of the combined prophylactic during the year is:—

Under 1 year	...	...	1,583
1 year	...	...	943
2 years	...	...	195
3 years	...	...	85
4 years	...	...	118
5—14 years	...	...	185
			3,114
	Total	...	3,114

#### IX. AMBULANCE SERVICE.

##### GENERAL.

The ambulance service has continued to operate under the agency agreement with the voluntary organisations, as outlined in the 1948 report. It was decided that the actual running costs of the service justified an increase in the mileage rate from 1/5d. per mile to 1/6.8d. with effect from the 1st July, 1955. In addition, 1d. per mile is paid to cover contingencies and £6,500 per annum is also paid to provide for the purchase of new ambulances. The car service rate has remained at 7½d. per mile, reduced to 6d. per mile for non-commercial drivers for all mileage over 800 in any one month.

Towards the end of the year, consideration was given to the possible saving which might be effected by the use of radio control for the ambulances and it was decided to carry out an experiment in the western part of the county for a period of six months commencing early in 1956. In the light of the findings of this trial, consideration will be given to the desirability of operating a radio-controlled service throughout the county.

##### AMBULANCES.

The increase in the average number of patients per month conveyed by the ambulance service still continues, but it is gratifying to note that the average monthly mileage is little more than in 1954. The figures for the past 5 years are:—

				Patients.		Mileage.
1951	...	...	...	751	...	21,252
1952	...	...	...	798	...	20,815
1953	...	...	...	886	...	22,936
1954	...	...	...	907	...	24,761
1955	...	...	...	992	...	24,955

During 1955, the ambulances conveyed 11,810 patients and the total mileage was 299,501.

## CAR SERVICE.

The demands upon the car service also showed an increase during the year, although every effort was made to restrict the use of cars to those patients who were medically unfit to travel by public transport. The co-operation of general practitioners and of hospitals has always been invited by the Council as this is the only method of stabilising the position. Average monthly figures for the last 5 years are :—

				Patients.		Mileage.
1951	...	...	...	2,494	...	80,230
1952	...	...	...	2,904	...	89,197
1953	...	...	...	3,753	...	105,975
1954	...	...	...	3,870	...	105,116
1955	...	...	...	4,037	...	107,823

During 1955, 48,452 patients were conveyed by the car service and the mileage involved was 1,293,874.

## MUTUAL ASSISTANCE ARRANGEMENTS.

The Council has continued to charge 2/- per mile for ambulances and 9d. per mile for cars, in accordance with the national agreement, although the number of Authorities who find it necessary to charge higher rates because of increased running costs continues to rise.

## NATIONAL HEALTH SERVICE (AMENDMENT) ACT, 1949.

The arrangements with the Norwich Authority for the utilisation, as far as possible, of returning Norfolk vehicles for Norfolk patients discharged from the Norwich hospitals, detailed in the 1952 report, have been continued and have resulted in a considerable saving. During the year, 3,915 cases requiring transport were discharged from the Norwich hospitals. Of these, 2,754 were conveyed by Norfolk returning vehicles, and a further 636 were conveyed by Norfolk vehicles at the request of the Norwich Authority.

The Council has agreed that similar facilities for the conveyance of patients in returning vehicles should be extended to neighbouring Authorities so far as discharges from Norfolk hospitals are concerned.

## X. PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

### TUBERCULOSIS.

No change has been made in the scheme for the care and after-care of tuberculous patients. The joint-user staff arrangements between the Council and the East Anglian Regional Hospital Board have continued to ensure close co-operation.

### B.C.G. VACCINATION.

The decision, with Ministry approval, to extend B.C.G. vaccination to school leavers in certain areas of the county was implemented by the extension of this vaccination to children attending ten of the larger schools in the vicinity of Norwich and in the King's Lynn and East Dereham areas. A total of 1,227 children were tested with the parents' consent. Of these, 713 were found to be suitable for B.C.G. vaccination and were actually vaccinated during the year. A further 253 contacts of actual sufferers from the disease were also given B.C.G. vaccination.

## TUBERCULOSIS HEALTH VISITORS.

The two tuberculosis health visitors continued to attend all chest clinics, involving a total of 523 sessions during the year. In addition, 2,723 domiciliary visits were paid.

## REVOLVING SHELTERS.

The number of these shelters in use is steadily declining as tuberculous patients are being more readily re-housed in suitable accommodation. 2 shelters were disposed of during the year, and at the end of the year 41 were in use and 38 in store, compared with 50 and 31 respectively at the end of 1954. In view of the number of shelters remaining in store, consideration will be given to the possibility of a further reduction.

## EXTRA NOURISHMENT.

21 patients were provided with maltoline and iron and 4 with cod liver oil free of charge on the recommendation of the chest physicians. 55 cases were supplied with free milk as their financial circumstances precluded them from obtaining this in sufficient quantities otherwise.

## REHABILITATION.

The Council has continued to pay rehabilitation fees at colonies for suitable cases recommended by the chest physicians and accepted by the colonies. At the end of the year, 10 patients were being rehabilitated at Papworth and 1 at Preston Hall, Maidstone.

## NOTIFICATIONS.

The number of new cases reported by formal notification during the year was 189. Comparable figures for the past 5 years are:—

Year.	No. of pulmonary cases.	Case-rate.	No. of non-pulmonary cases.	Case-rate.
1951	226	0.60	93	0.25
1952	239	0.64	71	0.19
1953	170	0.45	54	0.14
1954	167	0.44	46	0.12
1955	153	0.41	36	0.095

## MORTALITY.

The figures for the past 5 years are:—

Year.	No. of pulmonary cases.	Death-rate.	No. of non-pulmonary cases.	Death-rate.
1951	56	0.15	9	0.02
1952	35	0.09	14	0.04
1953	24	0.06	2	0.005
1954	34	0.09	7	0.018
1955	24	0.06	8	0.021

## AFTER-CARE REGISTER.

At the end of the year, 1,456 cases remained on the register, as follows:—

	Male	Female	Total
Pulmonary ...	731	612	1,343
Non-pulmonary ...	54	59	113
	<hr/>	<hr/>	<hr/>
	785	671	1,456
	<hr/>	<hr/>	<hr/>

## REPORTS OF CHEST PHYSICIANS.

Dr. G. F. Barran, Chest Physician for the western half of the county, reports:—

“ The year 1955 necessitated no appreciable change in the arrangements previously made for the control of tuberculosis in the county—the machinery continues to work smoothly.

### *Mortality.*

The number of deaths remain at the lowest ever recorded. Any further dramatic improvement, similar to that obtained during the past seven years, is unlikely unless some further considerable advance in treatment is made or the number of new cases arising should show an appreciable fall. The absence of a waiting list for the admission of patients to the beds provided by the Regional Hospital Board has ensured immediate treatment for all requiring it. The waiting list for surgical treatment, previously a bottleneck, has also been eliminated.

### *Incidence.*

Whilst permanent arrest of pulmonary tuberculosis can now be anticipated in 80—90% of cases, the number of new cases arising, though showing some diminution, is still not satisfactory; the recognition of the early case remains a problem of considerable magnitude. It is being tackled in many ways:—

1. *Service for the general practitioner.* First and foremost every facility is given to the general practitioner to refer the suspected case; the more urgent are seen immediately and the less urgent within two days of the patient consulting his doctor. In addition, by arrangement with the Radiological Department of the King's Lynn Hospital, 'open' sessions are held whereby cases can be referred direct without reference to the Chest Physician.

2. *Contact examinations.* The number of examinations made (1,338) remains very much as in the previous year. Of these, 299 were contacts of recently-notified cases and, as a result, 9 new cases were diagnosed.

3. *Mass Radiography.* The Unit based at Norwich visited Hunstanton, R.A.F. Marham and Swaffham during the year. 4,191 volunteered for examination; no active cases of tuberculosis were brought to light, but 4 required further observation.

4. *Examination of school children.* Radiological examination is offered to children at the age of fourteen who are found to be positive reactors to tuberculin when examined under the B.C.G. vaccination scheme.

By these four methods the majority of the new cases are notified; but there still remain others unrecognised, many of whom are middle-aged or elderly men, who require treatment and who unbeknown to themselves are sources of infection to others.

### *B.C.G. Vaccination.*

The success of the introduction of the B.C.G. vaccination into the King's Lynn Schools has prompted an extension of the scheme to East Dereham and to Litcham, the arrangements being in the hands of the District Medical Officers of Health. The response from parents is not, in all schools, as good as it should be, and now that the Medical Research Council's preliminary report has confirmed the effectiveness of the vaccine, it is hoped that more parents will accept this valuable preventative measure for their children.

### *Housing.*

In view of the many demands made on them, it is pleasing to report that Housing Committees continue to be helpful in meeting applications for the rehousing of families in which tuberculosis has been found. However, as mentioned in previous reports, the problem of the homeless tuberculous individual remains unchanged.

### *Rehabilitation and Retraining.*

The Papworth Colony continues to give valuable help to the convalescent patient fit for gradually increasing exercise and light work, but as a training centre the facilities offered remain disappointing. On the other hand, the Ministry of Labour's retraining centres made available for instruction in a recognised trade play a most useful part, and it is gratifying to report how successful these centres are in helping many back into useful and remunerative employment."

Dr. A. H. C. Couch, Chest Physician for the eastern half of the county, reports:—

"During 1955, the already close co-operation between the Chest Physician and the County Medical Officer of Health has been strengthened by the holding of regular monthly meetings at the Chest Clinic; these meetings greatly assist in solving the numerous small problems that continually arise.

### *Incidence.*

There has been a further fall of the notifications of new patients, but we cannot yet feel that the majority of the undiagnosed cases of tuberculosis are coming to light readily. It is still a frequent occurrence to discover a patient suffering from moderately advanced pulmonary tuberculosis who must have been spreading infection in his environment, both at home and at work, for a long time.

### *Contact Examination.*

Contact examination remains a very valuable method of prevention; 10 new cases, all early, were discovered in contacts by this method. Whenever possible, contact examination is extended to the patient's place of work. The use of the miniature camera in the Clinic for small numbers and the co-operation of the Mass Radiography Unit for larger numbers make it possible to carry out this extended contact tracing.

All suitable home contacts are offered B.C.G., and the great majority accept this.

### *Housing.*

In general, the housing of tuberculous patients is of a good standard. In those families where rehousing is necessary because of danger of infection, it is usual for the family to be dealt with rapidly. Where, however, rehousing is less urgent, but is nevertheless of great importance in preventing relapse, it is not always as easy to obtain results; the number of separate Housing Authorities to be dealt with in the county is frequently a bar to flexibility and is a particular handicap when a patient is in an isolated county district and advised to move nearer to a large centre where suitable work is more readily available.

### *Rehabilitation.*

Fullest possible use is made of the Rehabilitation Centre at Egham and the training centre at Letchworth. These are of the greatest help to those patients who are fit enough and young enough to benefit from them. The



problem of rehabilitating the older man remains a very difficult one, particularly in districts some distance from Norwich where there is usually no suitable work available; too often patients are driven to attempt work which is beyond their physical capacity or else to remain permanently unemployed."

#### PROTECTION OF CHILDREN FROM TUBERCULOSIS.

This scheme, arranged in accordance with Ministry of Health circular 64/50, was described in the 1950 report. 131 X-ray examinations were made during the year.

#### VENEREAL DISEASE.

The follow-up scheme for venereal disease, detailed in the report for 1949, has continued. The number of cases referred was very small.

Returns received from the Norwich and King's Lynn treatment centres show that 241 new Norfolk cases attended these centres:—

Syphilis	...	...	...	25
Gonorrhoea	...	...	...	41
Other	...	...	...	175
				<hr/>
				241
				<hr/>

Dr. H. L. Rogerson, venereologist at the Norwich centre, reports so far as the eastern portion of the county is concerned:—

"The number of fresh cases of venereal disease, and the number of attendances of all patients during 1955, was almost the same as in the previous year. There were no cases of primary or secondary syphilis. Cases of late syphilis appear with the same frequency as hitherto. This is to be expected for some years to come. There was a rise in the incidence of gonorrhoea during the summer, but whereas the ratio of male cases to female cases in the past has been three to one, this year it has been less than two to one, the total number of cases being 23. The incidence dropped again following the summer rise, and this may be due to the fact that more females have been traced and treated.

Non-gonococcal urethritis in the male continues to present a problem since it does quite frequently occur in married couples, where there has been no extra-marital coitus. There were a few less cases than in the previous year.

It is still recommended that all pregnant women who have been treated for acquired syphilis in the past, have a course of treatment during subsequent pregnancies."

#### PROVISION OF NURSING EQUIPMENT.

The Norfolk branches of the British Red Cross and the St. John Ambulance Brigade act as agents of the Council for the loan of nursing equipment. 136 depots were available and 2,435 patients took advantage of the scheme. The Council is grateful for the ready co-operation of the voluntary organisations in this scheme and for the help of the voluntary personnel at the various depots.

No major item of nursing equipment was purchased by the Council for loan to patients.

#### RECUPERATIVE HOMES.

The Council has continued to provide periods of recuperative convalescence at voluntary homes for cases recommended by doctors or hospitals

who require rest, fresh air and good food, but who do not need regular medical or nursing care. 10 cases were sent to convalescent homes during the year.

## XI. HOME HELP SERVICE.

A close watch has been kept on the home help service to ensure that no case is granted more than the minimum number of hours necessary per week and to ensure that expenditure is maintained at the lowest possible level, commensurate with the provision of a service for all cases requiring assistance. The table on page 29 shows the number of cases assisted and the duration of the assistance provided during 1955. Comparison with the similar table in the 1954 report shows that, although the total number of cases assisted during last year was a good deal less than in 1954, the hours of service provided showed a considerable increase. This can be attributed to the fact that the number of cases permanently requiring the use of the service is continuing to increase. It seems probable that it is in this type of case that the real value of the service lies, since there can be little doubt that many of the old people who are able to remain in their own homes because they have a few hours' home help every week would otherwise need accommodation in county homes, hostels or even in hospitals.

The Council's arrangement with the National Assistance Board, detailed in the 1954 report, has continued to work most satisfactorily. The Council's local welfare officers and the local officers of the National Assistance Board are constantly exchanging information, and this ensures that cases needing the home help service are not precluded from the scheme through inability to pay, and that the net expenditure on the home help service is maintained at a reasonable level.

The following are details of the numbers of cases assisted during the past 3 years:—

	1955	1954	1953
Maternity ... ..	127	166	340
Tuberculosis ... ..	13	24	33
Other ... ..	837	1,018	1,101
	<hr/>	<hr/>	<hr/>
	977	1,208	1,474
	<hr/>	<hr/>	<hr/>

Home helps employed at the end of each of the last 3 years were as follows:—

	1955	1954	1953
Whole-time ... ..	2	2	10
Part-time ... ..	16	16	32
Occasional ... ..	338	304	398
	<hr/>	<hr/>	<hr/>
	356	322	440
	<hr/>	<hr/>	<hr/>

Further awards have increased the wages of home helps to 2/7½d. per hour with effect from 16th May, 1955.

The whole-time home help organiser has continued to be responsible for the general administration of the scheme, the supervision of home helps and the investigation of special cases referred from the local health areas, where the day-to-day administration of the scheme is carried out.

TABLE 4.

## HOME HELP SERVICE.

SUMMARY OF THE DURATION OF CASES ASSISTED DURING THE PERIOD 1ST JANUARY TO 31ST DECEMBER, 1955.

Type of case.	Cases assisted up to													Hours of service provided.	Percentage of total service.	Total cases assisted.		
	Weeks.				Months.													
	1	2	3	4	2	3	4	5	6	7	8	9	10				11	12
Maternity ...	12	52	55	8	—	—	—	—	—	—	—	—	—	—	—	6,788½	2.88	127
Children without mothers ...	—	—	2	1	3	1	1	—	—	1	—	1	3	—	—	3,418¾	1.46	13
Post-operative ...	1	2	4	2	1	—	—	4	—	1	—	—	1	—	—	1,718	.73	16
Sick ...	23	29	24	52	77	50	27	35	28	22	27	15	18	21	188	171,805	73.32	686
Old age ...	8	4	—	6	5	5	5	9	4	4	11	7	6	8	57	34,840½	14.87	184
Blind ...	2	2	1	1	3	2	2	1	—	2	3	1	2	1	15	10,046	4.29	88
Tuberculosis ...	—	2	—	—	—	—	1	—	—	—	1	1	1	—	7	5,742¾	2.45	13
Totals ...	41	91	86	70	89	58	35	50	32	30	42	25	31	30	267	234,804½	100.00	977

## XII. MENTAL HEALTH.

### ADMINISTRATION.

#### COMMITTEE.

The Mental Health Sub-Committee meets monthly and the membership includes representatives of voluntary organisations.

#### STAFF.

The following staff is employed:—

Medical Officer	...	...	...	1 (part-time).
Psychiatric Social Worker	...	...	...	1 (part-time).
Superintendent Welfare Officer and Deputy	...	...	...	2 (part-time).
Local Welfare Officers (Duly Authorised Officers)	...	...	...	14 (part-time).
Assistant Ditto	...	...	...	4 (part-time).
Occupation Centre Supervisors	...	...	...	2 (full-time).
Home Teachers	...	...	...	2 (full-time).
Assistants at Occupation Centres	...	...	...	4 (full-time).

The Senior Medical Officer is the responsible medical officer whilst the Superintendent Welfare Officer and his Deputy undertake the day-to-day administration. Field work is carried out by the psychiatric social worker and the local welfare officers. The following medical officers are approved by the Council for certification under the Mental Deficiency Acts:—

DR. J. V. MORRIS	DR. R. C. MACGILLIVRAY
DR. F. BLAKE	DR. A. G. SCOTT
DR. A. S. CAREY	

Whenever necessary, one of the consultant psychiatrists attached to the local hospitals is called in and the fullest co-operation is received.

#### *Training of Staff.*

(a) *Mental Illness.* Selected officers attended lectures at St. Andrew's Hospital and the continued assistance and co-operation of the Medical Superintendent (Dr. W. J. McCulley) is greatly appreciated.

(b) *Mental Deficiency.* With the co-operation of the Medical Superintendent (Dr. J. V. Morris) a course of lectures was arranged at Little Plumstead Hospital for all field staff, but particularly for those recruited since 1948 who did not take the original training course. As a conclusion to the lectures, a Brains Trust was held, when the attendance was widened to include medical officers and other interested staff.

(c) *General.* The Superintendent Welfare Officer attended the three-week residential course on mental health at the Sheffield University, the psychiatric social worker attended the annual conference of the National Association for Mental Health, and one of the home teachers attended a refresher course organised by the Staffordshire Authority.

### ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY.

#### UNDER SECTION 28 OF THE NATIONAL HEALTH SERVICE ACT, 1946.

(a) *After-Care.* The use of the Council's field staff in after-care work for the local hospitals continued as heretofore and it will be seen from the statistical report that there was a very substantial increase in the cases referred during the year. Each case is visited at least once and advice and assistance given as necessary, particularly with regard to financial matters, family problems and readjustment in the community. During the year, one ex-patient was sent to the Mental Health After-Care Association's Home at Cheam, Surrey.

(b) *Prevention.* The local welfare officers arrange, in conjunction with the patient's doctor, attendances at psychiatric out-patient clinics, and, in their general welfare work, are able to ease family problems and call in specialist officers where appropriate. A good deal of work is being undertaken with problem families in conjunction with other Departments of the Council.

An adult psychiatric clinic for mental defectives and other problem cases is now a regular feature of the service and during the year 26 cases were seen at 12 sessions, Dr. J. V. Morris being the consultant. The Education Committee's Child Guidance Clinics, again with Dr. Morris as consultant, also help very considerably in the prevention of mental illness by correcting maladjustment in children and advising worried parents.

#### UNDER THE LUNACY AND MENTAL TREATMENT ACTS, 1890-1930.

The local welfare officers, as duly authorised officers, undertake the majority of the field work and have ready contact with the medical superintendents and general practitioners. Every effort is made to avoid certification wherever possible and it will be noticed that there has been a marked increase in the number of voluntary patients admitted.

Cases suffering from senile dementia are admitted to The Vale Hospital, Swainsthorpe, which is a separate hospital designed for the care of this type of patient and under the control of the Hellesdon Group. Unfortunately, there has been a waiting list throughout the year and it has been necessary to certify a number of elderly people who would have been suitable for The Vale; it is hoped that a greater number of beds will eventually be available for this type of patient and thereby avoid certification.

For all types of admission the local welfare officers prepare social histories for the information of the medical staff at the hospitals.

#### UNDER THE MENTAL DEFICIENCY ACTS, 1913-1938.

(a) *Ascertainment.* Every case brought to notice, from whatever source, is investigated as necessary and a report submitted to the Mental Health Sub-Committee for a decision as to any necessary action.

(b) *Supervision.* This is carried out by the local welfare officers and in special cases, particularly where there are physical problems, by the health visitor or district nurse. The psychiatric social worker, who is now part-time, deals specially with problem girls. In order to ensure that children excluded from school and not able to attend occupation centres have similar facilities to school children, arrangements are made for periodical medical examinations by the Council's medical staff and extra nourishment is provided where necessary. Cases dealt with under Section 57 (5) of the Education Act, 1944, are the subject of close consultation with the Youth Employment Officer with a view to placing the defectives in suitable employment.

(c) *Accommodation—Waiting List.* It is pleasing to note some improvement following the opening of the new low-grade villas at Little Plumstead Hospital when 15 vacancies were granted, but, unfortunately, there are still a number of urgent low-grade cases on the waiting list. Admission under Section 3 of the Mental Deficiency Act, 1913, is now used, wherever possible.

(d) *Guardianship.* The number of cases under guardianship remains fairly static. Opportunity is taken for the discharge of appropriate cases and the only new cases placed under guardianship have been those in which immediate discharge from a mental deficiency hospital was undesirable but a period of stabilization in the community under guardianship was likely to be helpful.

(e) *Admission for Temporary Care.* Dr. J. V. Morris has continued to be extremely co-operative in accepting temporary cases at Little Plumstead Hospital for 1—4 weeks, and also a large number for dental treatment on a daily basis. Owing to pressure on his accommodation and to shortage of staff, Dr. Morris has found it impossible to take every case in which there was a need for temporary care and, in the circumstances, a proposal has been submitted to the Minister for the amendment of the original scheme under Section 28 of the National Health Service Act, so as to enable the Council to arrange temporary treatment in private accommodation wherever necessary.

(f) *Occupation and Training of Defectives.*

(i) *Occupation Centres.* During the year the Council approved the recommendation for a further centre at Attleborough, and the County Architect is now preparing plans for a new building. The Committee's policy is to provide facilities for the training of children as a priority and in furtherance of this it is hoped to provide another centre in North Norfolk in the future. When this is done, it is anticipated that 90% of suitable defectives under 18 years of age will be receiving occupation centre training in the county.

The two existing centres at King's Lynn and Sprowston have continued to provide excellent training, and satisfactory reports have been received from the Board of Control. By arrangement with the Great Yarmouth Authority, children from Norfolk also attend the Yarmouth Centre and during the year the number has been increased.

Because of the scattered cases, transport costs have always been high and during the year a special report was called for as to whether it would be more economic for the Council to run its own vehicles. After consideration of the various factors involved, particularly the problem of the employment of part-time drivers, it was decided to take no further action.

The usual summer outings and Christmas parties were held and the Open Day at the King's Lynn Centre was attended by the Mayor and Mayoress. Permission was given for the local branch of the National Association of Parents of Backward Children to take a film of the activities at the Sprowston Centre.

(ii) *Home Teaching and Day Occupation Centres.* The two home teachers visit defectives in their own homes. The majority are over the age of 18 years and a great deal of good handwork is produced. By allowing the defectives to dispose of the articles made and to retain any balance after reimbursing the Council the cost of the materials, some small encouragement is given and the scheme is working very well.

In addition the home teachers also organise six day occupation centres which are held once fortnightly at various places in the county. They are designed to meet the need of the younger children who cannot attend full-time centres because they live outside the existing transport catchment areas. These centres have proved helpful in the training of defectives but are not, of course, adequate; they do, however, provide some group training and also give the parents relief. Paid assistance is provided to help the home teachers at the day centres, and these assistants act also as escorts in the home teachers' cars whilst children are being conveyed.

(g) *Care of Low-grade Children.* In order to provide some assistance to parents with children unsuitable for attendance at occupation centres, a scheme of home attendance has been introduced. Under this new plan, which came into operation at the end of the year, a "Home Attendant" will be provided for a number of hours each week to enable the mother to have a

break from the care of her child and to undertake her shopping or attend to other personal affairs. No charge will be made to the parents for this service.

(h) *Parents' Association.* During the year, a deputation was received from the local branch of the National Association for Parents of Backward Children when various suggestions were made, including the provision of an Industrial Centre in the Norwich area for defectives over 18 years of age, and additional occupation centres. The policy of the Sub-Committee in developing its services for children under 18 years of age was explained and an assurance was given that, if the Parents' Association decided to provide an Industrial Centre, the Committee would consider giving some financial assistance.

## MENTAL HEALTH STATISTICS AT 31ST DECEMBER, 1955.

(For the purpose of comparison, the figures at 31st December, 1954, are shown in brackets.)

### 1. MENTAL PATIENTS.

#### (a) Admissions during the year.

Name of hospital.	Certified.		Voluntary.		Temporary.		Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.
St. Andrew's Hospital, Thorpe ...	20(32)	51(42)	155(103)	245(182)	3(1)	-(1)	178(136)	296(225)
Hellesdon Hospital ...	22(12)	33(29)	93(82)	151(107)	-(-)	1(4)	115(94)	185(140)
Other hospitals ...	2(-)	- (3)	8 (4)	6 (-)	-(-)	-(-)	10 (4)	6 (3)
<b>Totals ...</b>	<b>44(44)</b>	<b>84(74)</b>	<b>256(189)</b>	<b>402(289)</b>	<b>3(7)</b>	<b>1(5)</b>	<b>303(234)</b>	<b>487(368)</b>
Uncertified senile dementia cases admitted to The Vale Hospital, Swainsthorpe ...							22 (20)	15 (11)
<b>TOTAL ADMISSIONS</b> ...							<b>325(254)</b>	<b>502(379)</b>
<b>GRAND TOTAL</b> ...							<b>827 (633)</b>	

(b) <i>Admissions under Section 20 and Section 21 of the Lunacy Act, 1890</i> ...	M.	F.
(c) <i>Discharged patients referred by the hospitals during the year for after-care</i> ...	11 (8)	21 (28)
	<b>513(274)</b>	

### 2. MENTAL DEFECTIVES.

#### (a) Certified cases in institutions.

Name of Institution.	Male.	Female.	Total.
Little Plumstead Hospital and ancillaries	267(262)	341(340)	608(602)
Other certified accommodation ...	44 (45)	33 (35)	77 (80)
<b>Totals ...</b>	<b>311(307)</b>	<b>374(375)</b>	<b>685(682)</b>

(b) *Cases in community.*

	Male.	Female.	Total.
Number of cases under statutory supervision			
(i) Under 16 years of age ...	107(111)	74 (75)	181(186)
(ii) 16 years of age and over ...	254(245)	208(204)	462(449)
Totals ...	361(356)	282(279)	643(635)
Number of cases under friendly supervision ...	103 (91)	65 (57)	168(148)
Number of cases under guardianship ...	9 (11)	15 (18)	24 (29)
In County Homes or other establishments ...	36 (36)	48 (56)	84 (92)
GRAND TOTALS ...	509(494)	410(410)	919(904)
TOTAL cases in county—(a) and (b) ...			<u>1604 (1586)</u>
Rate per thousand based on Registrar-General's estimate of population of the county—June, 1955:			
377,300 ...	...	...	4.25 (4.21)

(c) *Number of new cases reported during the year.*

	Male.	Female.	Total.
(i) Notified by Education Committee under Section 57(3) of Education Act, 1944 ...	12 (21)	16 (7)	28 (28)
(ii) Notified by Education Committee under Section 57(5) of Education Act, 1944 ...	28 (41)	16 (15)	44 (56)
(iii) Other cases reported and ascertained ...	12 (16)	16 (14)	28 (30)
(iv) Number of cases reported but not yet dealt with ...	5 (—)	8 (3)	13 (3)
Totals ...	57 (78)	56 (39)	113(117)



(d) *Certified cases admitted to institutions during the year.*

Name of Institution.	Male.	Female.	Total.
Little Plumstead Hospital and ancillaries	14 (25)	26 (11)	40 (36)
Others ... ..	— (1)	1 (—)	1 (1)
Totals ...	14 (26)	27 (11)	41 (37)

(e) *Admissions for temporary care under Circular 5/52.*

	Male	Female	Total
(i) To Regional Hospital Board Establishments			
(1) For one day ... ..	10 (12)	8 (15)	18 (27)
(2) For longer periods ... ..	21 (23)	17 (18)	38 (41)
(ii) Other establishments ... ..	— (—)	— (—)	— (—)
Totals ...	31 (35)	25 (33)	56 (68)

(f) *Receiving Training.*

	Male	Female	Total
(i) At Occupation Centres ...	41 (40)	30 (27)	71 (67)
(ii) Under Home Teachers			
(1) At Home ... ..	46 (53)	88 (86)	134(139)
(2) At Day Occupation Centres	27 (26)	19 (20)	46 (46)
Totals ...	114(119)	137(133)	251(252)

(g) Number of mental defectives on waiting list for admission to an institution.

	Male.	Female.	Total.
<b>URGENT CASES.</b>			
Idiots ... ..	4 (4)	6 (9)	10 (13)
Imbeciles ... ..	10 (11)	11 (10)	21 (21)
Feeble-minded ...	2 (1)	1 (1)	3 (2)
	16 (16)	18 (20)	34 (36)
<b>NOT SO URGENT.</b>			
Idiots ... ..	7 (5)	3 (4)	10 (9)
Imbeciles ... ..	13 (12)	7 (15)	20 (27)
Feeble-minded ...	7 (6)	9 (12)	16 (18)
	27 (23)	19 (31)	46 (54)
<b>GRAND TOTALS ...</b>	<b>43 (39)</b>	<b>37 (51)</b>	<b>80 (90)</b>

XIII. NATIONAL ASSISTANCE ACT, 1948.

The Health Committee is responsible for the welfare of persons who are blind, deaf, dumb, or substantially and permanently handicapped by illness, injury or congenital deformity, in accordance with schemes approved by the Ministry of Health under Sections 29 and 30 of this Act.

WELFARE OF THE BLIND.

There has been no change in this scheme during the year. Details were given in the report for 1949.

REGISTRATION.

The numbers of cases examined and certified during the past 5 years are as follows:—

Year.	No. examined.	No. certified.	Percentage certified.
1951 ... ..	157	114	72.61
1952 ... ..	168	103	61.31
1953 ... ..	231	140	60.60
1954 ... ..	200	128	64.00
1955 ... ..	223	140	62.80

Form B.D.8 was completed in all cases, and of those certified as blind, 120 (85.7%) were over 65 years of age.

Causes of blindness with numbers treated or for whom treatment was recommended:—

	Certified	Treatment received before certification	Treatment recommended
Myopic error ... ..	10	2	1
Optic atrophy ... ..	8	1	—
Macular changes ... ..	23	7	—
Arterio sclerosis ... ..	2	—	—
Diabetes ... ..	1	1	—
Glaucoma ... ..	14	7	1
Cataract ... ..	45	10	19
Others ... ..	37	19	9
	140	47	30

FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS.

(i) Number of cases registered during the year in respect of which para. 7 (c) of Form B.D.8 recommends:	Cause of disability.							
	Cataract		Glaucoma		Retrolental fibroplasia		Others	
	B.	P.S.	B.	P.S.	B.	P.S.	B.	P.S.
(a) No treatment ...	26	8	13	1	—	—	28	23
(b) Treatment (medical, surgical or optical) ...	19	15	1	4	—	—	9	17
(ii) Number of cases at (i) (b) above, which on follow-up action have received treatment ...	8	7	—	1	—	—	—	7

OPHTHALMIA NEONATORUM.

Total number of cases notified during the year ... 5

In no case was vision lost or impaired and no treatment was continuing at the end of the year.

CASES ON REGISTER.

At 31st December, 1955, there were 885 registered blind as follows:—

Age group	Males		Females		Total	
1—4 ...	2	(5)	3	(3)	5	(8)
5—15 ...	7	(8)	5	(6)	12	(14)
16—20 ...	5	(4)	2	(4)	7	(8)
21—39 ...	19	(21)	25	(22)	44	(43)
40—49 ...	25	(24)	17	(21)	42	(45)
50—64 ...	82	(77)	76	(72)	158	(149)
65—69 ...	46	(47)	38	(35)	84	(82)
70 and over...	204	(212)	329	(319)	533	(531)
	<u>390 (398)</u>		<u>495 (482)</u>		<u>885 (880)</u>	

(The figures in brackets indicate the position at the end of 1954.)

EDUCATION AND TRAINING.

At the end of the year, 3 children were attending the East Anglian Blind School, Gorleston, 2 others were at Sunshine House, Leamington, and 3 at the Royal Institution for the Blind, Birmingham. 1 child was attending an ordinary school and 2 others were receiving training at the Royal School for the Blind, Leatherhead, Surrey, arrangements for all these cases having been made by the Education Committee.

1 adult was being trained at the Norwich Institution for the Blind under the Ministry of Labour and National Service training scheme.

EMPLOYMENT.

(a) *Home Workers.* No changes have occurred in this scheme during the year. The number has remained at 9 throughout the year, employed as follows:—

Poultry keepers	...	...	...	2
Basket makers	...	...	...	2
Machine knitter	...	...	...	1
Shop keepers	...	...	...	2
Wire worker	...	...	...	1
Braille copyist	...	...	...	1
				—
				9
				—

(b) *Workshop Employment.* 2 Norfolk blind persons completed their training at the Norwich Institution for the Blind during the year and became workers. At the end of the year, 16 Norfolk blind persons were employed at the Institution as follows:—

Machine knitters	...	...	...	3
Basket makers	...	...	...	10
Brush makers	...	...	...	2
Steward	...	...	...	1
				—
				16
				—

(c) *Other employment.* In addition to the 9 home workers and the 16 workshop employees mentioned in the preceding paragraphs, 37 other blind persons were in employment at the end of the year:—

Masseur	...	...	...	1
Ministers of Religion	...	...	...	2
Telephone Operators	...	...	...	2
Piano tuner	...	...	...	1
Agents, shopkeepers, etc.	...	...	...	6
Poultry keepers	...	...	...	10
Basket workers	...	...	...	4
Agricultural workers	...	...	...	4
Ambulance officer	...	...	...	1
Shorthand typist	...	...	...	1
Domestic and factory workers	...	...	...	2
Labourers	...	...	...	3
				—
				37
				—

2 persons were trained but unemployed at the end of the year. A further 4, although suitable for employment, had not received training, and the remaining persons on the register, 319 men and 477 women, were either not available for employment or were considered to be unemployable owing to age or illness.

(d) *Pastime Occupation.* The home teachers have taught pastime handicrafts, including string bag making, stool seating, crinothene and leather work, rug making, basketry, cane work, raffia work and knitting to many blind persons not suitable for employment. Many of the goods made are sold locally by the blind, but surplus articles are sold at a series of exhibitions

and sales at social centres, factories and offices. By this means, goods to the value of £406 were sold during 1955, an increase of £65 over the figure for the preceding year. Materials are provided by the Council at cost price and the workers are able to derive some small financial benefit from the sale of the articles, in addition to having the interest of making them.

The Blind Gardeners' Horticultural Society has continued to provide considerable pleasure for some 100 blind persons in Norfolk. The annual exhibition, again held in September, was most successful. Over 650 exhibits of high quality were staged from 72 blind exhibitors. In addition to the horticultural classes, domestic classes were included, and competitions were held for various pastime handicrafts. A considerable number of Norfolk blind people visited the exhibition, which gave them an opportunity of meeting their fellow blind from various parts of the county.

#### HOME TEACHING AND VISITING.

The 5 home teachers paid 9,051 visits during the year.

They also act as almoners for various charity pensions and 6 Norfolk residents are in receipt of pensions from the Gardeners' Trust, 30 are receiving Royal Blind pensions, and 72 Hetherington Charity pensions.

#### SOCIAL CENTRES.

The 5 social centres at North Walsham, Diss, King's Lynn, Fakenham and Norwich continued to meet monthly, while the Sheringham group met fortnightly throughout the winter.

Voluntary helpers play a very important part in ensuring the smooth running of these social centres and the British Red Cross Society and the Diss and North Walsham Rotary Clubs provide the necessary transport. Other helpers arrange entertainments or visits to private gardens, and the Council would wish to acknowledge the great value of these many services.

#### GENERAL.

361 wireless sets supplied by the Wireless for the Blind Fund were in use at the end of the year. These sets are maintained in good repair by the Council up to a limit of £3 per set.

The Council has continued to pay a grant at the rate of 45/- per head per annum to the National Library for Blind Readers in respect of 68 Norfolk blind persons. Braille and Moon magazines are also purchased by the Council and circulated to interested readers. A small stock of books is kept for those who do not join the National Library, mainly because they are slower readers.

The Council assisted a number of blind persons to enjoy holidays at the Isle of Ely Holiday Home, Hunstanton, and a party of deaf/blind and hearing blind who would otherwise have been unable to have holidays, as they had no guides, were provided with holidays at Great Yarmouth, 3 home teachers for the blind acting as guides.

The Norwich Institution for the Blind allocated £250 from charitable funds for distribution to necessitous cases. This money was used to provide Christmas gifts for the more needy cases, and extra comforts, outside the scope of the Council's scheme, were also provided from this source.

The "Closer Link" has been continued as a quarterly bulletin for the Norfolk blind and each edition is keenly awaited by the readers. The Council is indebted to the Rev. Cory Elvin for preparing a Braille copy of each number, mainly for circulation to deaf/blind persons, and also to the many contributors for the interesting articles they have submitted.

## WELFARE OF THE PARTIALLY SIGHTED.

Persons on this register are those who suffer from a substantial and permanent defect of vision. They are visited at intervals by the Home Teachers and many of the facilities available for the blind are also available to them.

The number of cases on the register at the 31st December, 1955, was:—

Age group.	Male.	Female.	Total.
2—4 ...	— (—)	1 (—)	1 (—)
5—15 ...	10 (1)	4 (2)	14 (3)
16—20 ...	4 (3)	9 (6)	13 (9)
21—49 ...	18 (17)	21 (23)	39 (40)
50—64 ...	13 (17)	22 (21)	35 (38)
65 and over	73 (64)	143 (133)	216 (197)
	118 (102)	200 (185)	318 (287)

(Figures in brackets are for 1954.)

## WELFARE OF THE DEAF, DUMB AND HARD OF HEARING.

### REGISTRATION.

101 deaf, dumb and hard of hearing persons have applied for inclusion in the Council's scheme and were registered at the end of the year, as follows:—

Age group	Deaf and/or Dumb			Hard of hearing		
	Male	Female	Total	Male	Female	Total
16—49	4	5	9	8	8	16
50—64	7	6	13	8	14	22
65 and over	5	6	11	10	20	30
	16	17	33	26	42	68

### GENERAL.

The County Council has entered into an agency agreement with the Deaf and Dumb (Norwich and Norfolk) Association for the provision of welfare services for the deaf and dumb. The Association undertakes to employ a fully-qualified Missioner at a salary in accordance with scales recommended by the National Institute for the Deaf, whose services will be shared with the Norwich and Great Yarmouth Authorities. The three Authorities have agreed to contribute towards the cost of the provision of the Missioner at the rate of £1 per 1,000 of the population per annum for an experimental period, the question of grant to be reviewed in the light of experience. The former Missioner retired and a new Missioner was appointed and took up his duties in July, 1955, and the remainder of the year was spent by him in a survey of the needs of the deaf and dumb throughout the entire geographical county.

# WELFARE OF THE PHYSICALLY HANDICAPPED—GENERAL CLASSES.

## REGISTRATION.

Cases can only be added to this register after personal application has been made for inclusion in the scheme, which is confined to those who are substantially and permanently handicapped by illness, injury or congenital deformity. The number on the register at the end of the year shows an increase of 25 during the year.

The number of persons registered on 31st December, 1955, was as follows:—

Age Group	Male	Female	Total
16—49 ... ..	205	119	324
50—64 ... ..	164	59	223
65 and over... ..	48	18	66
	417	196	613

These cases are recorded in accordance with the Ministry of Health classification as follows:—

	Male.	Female.	Total.
A/E Amputation ... ..	48	13	61
F Arthritis and rheumatism ... ..	43	37	80
G Congenital malformations and deformities ... ..	23	18	41
H/L Diseases of the heart, stomach and chest (other than tuberculosis) ...	63	21	84
Q/T Injuries or diseases (other than tuberculosis) of the head and body ...	91	24	115
V Organic nervous diseases ... ..	81	56	137
U/W Neurosis, psychosis and other nervous and mental diseases not included in V ... ..	9	3	12
X Tuberculosis (respiratory) ... ..	21	2	23
Y Tuberculosis (non-respiratory) ...	9	9	18
Z Other diseases and injuries... ..	29	13	42
	417	196	613

## EMPLOYMENT.

Grouping in relation to capacity and ability for work:—

	Male.	Female.	Total.
(a) Capable of work under ordinary industrial conditions ... ..	183	18	201
(b) Not capable of (a) but mobile and capable of work in sheltered workshops ... ..	54	11	65
(c) Incapable of (a) or (b) but capable of work at home... ..	20	12	32
(d) Incapable of, or not available for, work	160	155	315
	417	196	613

Close co-operation is maintained with the Ministry of Labour and National Service concerning employment problems for physically handicapped persons.

## GENERAL.

The Norfolk Branch of the British Red Cross Society has continued to provide training in pastime handicrafts, a fee being paid by the Council in approved cases. In addition, the Council has again made a grant towards the administrative expenses of this Society in connection with the welfare work carried out for physically handicapped persons.

The Norfolk Voluntary Association for the Welfare of the Physically Handicapped organised a third annual holiday camp for the physically handicapped at Gorleston. The County Council gave financial assistance to enable a number of county cases to attend, and also reimbursed the Association with a proportionate part of the administrative expenses. The Association now occupies office accommodation in the Health Department and clerical assistance is available without cost to the Association, to whom the Council also makes a grant towards expenses.

The Council has again made grants to the Norwich and King's Lynn St. Raphael Clubs which provide social facilities for physically handicapped persons. The King's Lynn and District Committee of the Norfolk Voluntary Association for the Welfare of the Physically Handicapped plays an active part in the organisation of the King's Lynn Club. It is hoped that further District Committees and Clubs will be formed during the coming year as, of the total cases registered, 399 (277 men and 122 women) have indicated their desire for social facilities.

The Council's thanks are extended to all members of the local voluntary organisations who are assisting in the welfare scheme.

## GENERAL WELFARE.

### HOSTELS AND COUNTY HOMES.

(a) *Medical Supervision.* The Deputy County Medical Officer undertakes periodic visits to County Homes and Hostels in connection with general hygiene, sanitation and other health matters.

(b) *Medical examination of cases for admission.* Arrangements are made for medical examination and report wherever necessary. An increasing number of cases is having to be seen at General Hospitals, and particularly at Geriatric Units, following requests for transfer to Part III accommodation.

### DOMICILIARY CARE OF THE AGED.

The local welfare officers, with their responsibilities under the Health and Welfare Committees, spend a great deal of time in furthering the welfare of the aged and the Council has gone some considerable way towards providing a co-ordinated field service. By the increasing use of home helps, often for only a few hours per week, many people are enabled to remain in their own homes, and admission to hospitals and Part III accommodation is thus avoided.

Great progress has been made in recent years in the development of local Old People's Welfare Committees. At the end of the year, there were some 133 in the county and the number is still growing. The local welfare officers advise and assist in their formation and pay visits to clubs wherever possible. A further development in this work is a system of visiting in every parish with a view to ensuring that old people are not neglected in their homes. Many Committees already have such schemes and the Council's officers always bring this aspect of the work to notice when new Committees are formed.



NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES.

TABLE 5.

Disease	Number of cases notified																									Totals		
	Municipal Boroughs		Urban districts										Rural districts															
	King's Lynn	Thetford	Cromer	East Dereham	Diss	Downham Market	Hunstanton	North Walsham	Sheringham	Swaffham	Wells-next-the-Sea	Wymondham	Blofield & Flegg	Depwade	Docking	Downham	Erpingham	Forehoe & Henstead	Freebridge Lynn	Loddon	Marshland	Mitford & Launditch	St. Faith's & Aylsham	Smallburgh	Swaffham		Walsingham	Wayland
Scarlet fever ... ..	9	—	1	2	—	—	2	1	—	1	1	—	17	5	9	22	7	10	6	9	6	6	20	6	9	37	6	192
Whooping cough ... ..	4	2	2	61	27	—	1	8	—	2	—	4	74	91	3	33	16	25	1	19	31	42	41	13	—	35	88	623
Diphtheria ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles, excluding rubella ... ..	146	14	73	2	27	3	11	5	4	1	—	1	44	29	20	150	184	27	58	19	87	7	54	38	43	203	18	1268
Acute pneumonia (primary or influenzal) ..	21	5	—	1	5	4	2	—	—	2	—	1	39	13	1	43	—	9	10	6	5	15	8	16	12	10	12	240
Meningococcal infection ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	2	—	—	—	1	5
Ac. Poliomyelitis ... ..	6	1	—	—	—	—	—	1	1	1	—	5	3	3	2	6	3	2	2	1	9	1	4	2	3	4	1	61
Ac. Encephalitis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ... ..	4	3	—	11	—	8	—	6	—	—	—	64	105	9	2	10	2	50	—	9	5	11	96	39	—	1	14	449
Ophthalmia neonatorum ... ..	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	1	—	5
Puerperal pyrexia and puerperal fever ...	2	—	—	2	—	—	—	1	—	1	—	—	3	1	1	2	2	2	—	4	—	—	9	1	1	—	1	33
Erysipelas ... ..	1	1	1	—	—	—	1	—	—	—	—	—	11	2	—	4	1	15	1	—	1	1	2	3	1	—	3	49
Food poisoning ... ..	3	1	—	1	1	—	—	—	—	2	—	—	7	4	2	—	—	2	1	3	—	8	4	1	—	7	—	47
Malaria .. ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Jaundice or infective hepatitis ... ..	16	—	1	—	—	—	1	9	—	—	—	—	4	10	3	1	—	3	—	3	7	—	5	13	—	1	—	77
†Chickenpox ... ..	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Paratyphoid fever ... ..	2	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	4
Enteric or Typhoid Fever ... ..	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Totals ... ..	216	28	79	80	60	15	19	31	5	10	1	75	308	167	43	271	216	146	79	73	152	92	246	132	69	300	144	3057

†This disease is notifiable only in King's Lynn M.B., Cromer U.D. and Freebridge Lynn R.D.



## XIV. PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

### MEASLES.

The biennial periodicity of this disease which has been well-marked since 1949, continued in 1955 with the low incidence of 1,268 cases compared with 6,324 cases in 1954. There were no deaths.

### WHOOPING COUGH.

The incidence of this disease dropped considerably in 1955 with 623 cases notified compared with 1,664 cases in 1954. There were no deaths.

### DIPHTHERIA.

No cases of this disease were notified, and the following table shows the incidence over the last seven years :—

1949	1950	1951	1952	1953	1954	1955
5	6	1	2	—	2	—

There has now been no death from diphtheria in the county for nine years.

### PUERPERAL PYREXIA.

Thirty-three cases of puerperal pyrexia were notified. There were no deaths.

### CANCER.

Death rates per 1,000 population over the last 7 years are as follows :—

1949	1950	1951	1952	1953	1954	1955
1.97	1.81	1.86	1.79	1.86	2.12	1.97

The age distribution of the deaths in 1955 was as follows :—

	0—	1—	5—	15—	25—	45—	65—	75—	Total
Males	... 1	1	3	2	15	122	136	125	405
Females	... —	—	1	2	23	94	92	124	336
	—	—	—	—	—	—	—	—	—
	1	1	4	4	38	216	228	249	741
	—	—	—	—	—	—	—	—	—

### ANTERIOR POLIOMYELITIS.

During the year, 57 confirmed cases of anterior poliomyelitis were notified, compared with 33 in 1954. Members of the Armed Forces accounted for 5 cases and 5 visitors developed the disease during their stay in the county, although most of the latter were probably in the incubation stage on arrival in Norfolk.

The most notable feature of the disease during 1955 was the comparatively high number of cases (24) reported in Local Health Areas No. 7 and 9 in the west of the county. Marshland R.D. was most affected, with 11 cases. In the past, the west of the county has had a low incidence compared with the rest of Norfolk and the increase may have been due in part to a local diminution of natural immunity, but it is more likely to have been associated with the relatively high prevalence of the disease reported during the year in the Wisbech area.

Four of the 5 cases in Wymondham U.D. (Area No. 5) were notified within a two-day period, 2 of the patients being resident in the same street. Two additional cases in Area No. 5 occurring in one family were notified on the same day.

There were 5 deaths from anterior poliomyelitis during 1955 compared with 2 during the previous year.

56% of the cases were under 14 years of age, the 5-9 age group being most affected, with one third of all cases.

From information available, 29, or almost exactly one half of all cases, showed definite signs of paralysis.

## XV. ENVIRONMENTAL HYGIENE.

The County Sanitary Officer reports as follows :—

### WATER SUPPLIES AND SEWERAGE.

During the year, the development of water supplies and sewerage schemes continued. Very considerable progress has now been made in the extension of piped water but, as was to be expected, it has brought with it ever-increasing problems of sewage disposal. The difficulties are not only those arising at the premises to which piped water has been introduced for the first time but also those of preventing the fouling of our rivers and, more important, of preventing the fouling of the chalk substrata which are the very source of our water supplies. The rate of extraction of pure water from the chalk is increasing rapidly and, although I do not doubt the capacity of the chalk to meet the need in Norfolk, it is a matter of reflection that some of this water is being returned in the form of sewage.

The price of these amenities is certainly eternal vigilance. There must be constant checking and cross-checking of the state of the underground waters both from the point of view of volume and of purity. The value of the water-bearing chalk to such a large and sparsely populated county as Norfolk cannot be over-estimated, for the facility with which good sources can be established has saved us hundreds of thousands of pounds in distribution costs. Important therefore though it may be to maintain our rivers in a clean condition, we should lavish even more care upon our chalk, if only because contamination here is likely to be less easily detected and less offensive to the eye, yet more dangerous to our health.

The maps at the end of the report give some indication of the progress made in extending piped water supplies since 1944.

During 1955, the following schemes were considered by the County Council :—

WATER SUPPLIES.

District Council	Scheme	Estimated Capital Cost £	Remarks
Blofield & Flegg	North-East Sector	79,450	Reservoir and extension of mains.
Depwade	Wortwell, Low Road	1,970	Extensions.
	Earsham—Hall Area	2,700	Extensions.
	Tibenham and Shimpling	21,500	Extensions.
	Rushall Waterworks	47,100	Development and re-organisation scheme.
Downham	Dickleburgh, Pulham, Starston, Bressingham	7,450	Extensions.
	Bunwell/Carleton Rode	2,420	Extension.
	Alburgh, Mill Road	1,950	Extension.
Erpingham	Marham	450	Extensions.
	Hilgay, Stocks Hill	99	Extension.
Forehoe & Henstead	Bodham and West Beckham	16,530	Extensions.
	Great Melton	6,800	Extensions.
Freebridge Lynn	Newton Flotman	1,800	Extension.
	Braconash and Wrenningham	32,500	Extensions.
	Deopham, Morley, Hingham	53,000	New trunk main and extensions.
	Castleacre	9,300	Village Scheme.
Loddon	District Scheme—Free Connection	5,000	
	Regional Scheme—Stage II	86,500	Extension of mains.
Mitford & Launditch	Second scheme of extensions	24,420	
	Mileham, Colkirk, Swanton Morley	21,000	Village Schemes.
Smallburgh	Beeston	7,350	Village Scheme.
	Weasenhams	7,650	Village Scheme.
	Lyng	5,830	Village Scheme.
	Little Fransham	6,900	Village Scheme.
Sea Palling—Clink Road	Area 'A'—N. & E. Sector	295,000	Revised Scheme.
	Stage I	215,650	
	Sea Palling—Extensions	1,080	Extensions.
	Sea Palling—Clink Road	1,000	Extension.

District Council	Scheme	Estimated Capital Cost £	Remarks
Walsingham ...	S.W. Parishes ...	23,800	Extensions.
King's Lynn M.B. ...	S.E. Parishes ...	43,600	Extensions.
	Scheme based on Hillington Bore ...	300,000	Extensions.
SEWERAGE.			
Blofield & Flegg ...	Thorpe Extensions ...	11,000	Part Village Scheme.
	Brundall (Part) ...	21,500	
Docking ...	Heacham ...	300,000	
Erpingham ...	Cley ...	41,000	Joint Scheme — Sewage Disposal Works designed to deal with sewage from adjacent village of Blakeney in Walsingham R.D.
Loddon ...	Ditchingham ...	63,700	Village Scheme.
Mitford & Launditch ...	North Elmham ...	36,900	Village Scheme.
St. Faith's & Aylsham ...	Sprowston ...	148,200	Part Norwich Fringe Scheme (Revised Proposals).
Swaffham Rural ...	Weeting ...	10,300	Village Scheme.
	Great Cressingham ...	9,590	Village Scheme.
	Hilborough ...	4,455	Village Scheme.
	Ashill ...	20,684	Village Schemes.
	Necton ...	11,000	
	Holme Hale ...	2,520	
Walsingham ...	Blakeney ...	56,500	Joint Scheme with Cley, Erpingham R.D. (See above).
	Morston ...	8,900	Part of Blakeney/Cley Joint Scheme.
	Fakenham ...	37,000	New sewage disposal works.
Wayland ...	Watton ...	20,200	Reconnections Scheme.
Sheringham ...	Sea outfall sewer ...	45,000	

District Council	Scheme	Estimated Capital Cost £	Equivalent Proportion of Annual Cost falling upon :—		
			Ministry %	County Council %	District Council %
(b) SEWERAGE.					
Depwade	Scale (Completion of Scheme)	11,000	29 $\frac{1}{3}$	33 $\frac{1}{3}$	37 $\frac{1}{3}$
Docking	Heacham	199,122	38	31	31
Erpingham	Gresham	11,390	30	33 $\frac{1}{3}$	36 $\frac{2}{3}$
Forehoe & Henstead	Hingham—(Watton Road)	13,200	38 $\frac{2}{3}$	30 $\frac{2}{3}$	30 $\frac{2}{3}$
St. Faith's & Aylsham	Sprowston	167,340	30 $\frac{2}{3}$	33 $\frac{1}{3}$	36
Smallburgh	Stalham	86,394	25	25	50
Swaffham Rural	Great Cressingham	9,590	15 $\frac{1}{3}$	33 $\frac{1}{3}$	51 $\frac{1}{3}$
Walsingham	Great and Little Walsingham	51,325	37 $\frac{1}{2}$	33 $\frac{1}{4}$	29 $\frac{1}{4}$
Wells	Remedial work at sewage disposal plant	1,070	33 $\frac{1}{3}$	33 $\frac{1}{3}$	33 $\frac{1}{3}$
Thetford M.B.	Reconnections	31,997	28 $\frac{2}{3}$	33 $\frac{1}{3}$	38

The following schemes were assessed for grant purposes during 1955:—

(a) WATER.

District Council	Scheme	Estimated Capital Cost	Equivalent Proportion of Annual Cost falling upon:—								
			Ministry	District Council							
Blofield & Flegg	Stokesby	£ 17,700	22 $\frac{1}{3}$ %	33 $\frac{1}{3}$ %							
	Rollesby	13,085	22	33 $\frac{1}{3}$							
Depwade	Ashwellthorpe and Tacolnston	17,950	44 $\frac{1}{2}$	27 $\frac{3}{4}$							
Erpingham	Gimingham/Trimingham	20,324	39	30 $\frac{1}{2}$							
Forehoe & Henstead	Great Melton	6,800	37 $\frac{1}{3}$	31 $\frac{1}{3}$							
47 Freebridge Lynn	Central and S. Areas Sandringham N.E. Area Grimston	142,443	28 $\frac{2}{3}$	33 $\frac{1}{3}$	38						
						St. Faith's & Aylsham	100,950	24 $\frac{1}{3}$	33 $\frac{1}{3}$	42 $\frac{1}{3}$	
						Smallburgh	Area "C"	71,000	44	33 $\frac{1}{3}$	22 $\frac{1}{3}$
						Swaffham Rural	Great Cressingham	4,883	14	33	53
Walsingham	Morston, Saxlingham, Wiveton	15,000	26	33	41						
						Hindringham	9,200	15 $\frac{1}{3}$	33 $\frac{1}{3}$	51 $\frac{1}{3}$	
						Sculthorpe	8,600	13 $\frac{1}{3}$	33 $\frac{1}{3}$	53 $\frac{1}{3}$	
						Tattersett	2,375	17 $\frac{2}{3}$	33 $\frac{1}{3}$	49	
Cromer	Metton Pumping Station—Abortive Work	20,000	35	32 $\frac{1}{2}$	32 $\frac{1}{2}$						



## MILK AND DAIRIES.

### SPECIFIED AREA.

On the 21st March, 1955, the Milk (Special Designation) (Specified Areas) Order, 1955, came into operation, bringing into force in the eastern part of the county the relevant Sections of the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950. [This Act is now repealed by the Food and Drugs Act, 1955, which incorporates similar provisions]. These require that only specially designated milk, i.e. Tuberculin Tested milk (raw) and heat treated grades, shall be sold in areas specified by the Minister. The districts included in the Order are the Rural Districts of Depwade, Loddon, Blofield and Flegg, Smallburgh, St. Faith's and Aylsham and Forehoe and Henstead and the Urban Districts of Diss, Wymondham and North Walsham together with the Norwich County Borough, Great Yarmouth County Borough, the Borough of Beccles and Bungay Urban District.

Food and Drugs Authorities are responsible for the enforcement of the new requirements and in order to perform these duties adequately, records of some 180 retailers and producer/retailers have been prepared and the licensing position checked with the co-operation of the District Councils and the Ministry of Agriculture, Fisheries and Food (responsible respectively for registering and licensing of distributors and producer/retailers). When necessary, visits have been made to premises concerned and by the end of the year a scheme of sampling was in operation. Details of samples taken are given below :—

Exami- nations	Phosphatase		Void	Methylene Blue		Void
	Satis- factory	Unsatis- factory		Satis- factory	Unsatis- factory	
51	21	—	—	28	1 (raw milk)	1 (overnight shade temperature exceeded 65°F)

In the course of enquiries, certain technical contraventions of the requirements regarding bottling and labelling, etc., were discovered and the necessary advice given. In a few cases, it seemed that the particular circumstances might justify the Minister's dispensation to allow the sale of small quantities of milk in isolated areas without conforming with the regulations. However, on approach, the dispensation was not granted and all producer/retailers concerned in the area now have to conform to the provisions of the Act regarding sealing and labelling of containers.

### PASTEURISING PLANTS.

The number of pasteurising plants in operation at the end of the year (9) remained unchanged.

Samples of all grades of pasteurised milk from each of the plants were taken from the retail rounds and, in all, 1,205 examinations (not including informal samples) were carried out. Of these, 5 failed the phosphatase test and 13 proved unsatisfactory on methylene blue testing. Four phosphatase tests were void owing to milk control exceeding 1.5 lovibond blue units, and 70 methylene blue tests were void owing to the overnight shade temperature exceeding 65°F. Investigations of the failures were made at the plants concerned and in most cases the probable causes traced and rectified.

The various recommendations made during fortnightly routine inspections have continued to receive prompt attention and the general standard maintained has been satisfactory.

#### STERILISED MILK.

There is only one supplier of this type of milk in the county and samples of milk have passed the prescribed test.

#### MILK IN SCHOOLS SCHEME.

The year saw an increase in the number of schools supplied with designated bottled milk, leaving only 4 schools receiving bulk milk. Two were supplied with T.T. milk and the remainder with pasteurised milk.

Type of Supply	No. of Schools	
	On 31.12.54	On 31.12.55
Pasteurised (bottled) ...	432	470
Tuberculin Tested (bottled) ...	37	2
Tuberculin Tested (bulk) ...	7	4
	476	476

The following table indicates the samples of milk which have been taken from schools during the year :—

Test	No. of Examinations	Satisfactory	Unsatisfactory	Void
Methylene blue (raw milk) ...	41	29	8	4
Methylene blue (pasteurised milk) ...	483	413	14	56
Phosphatase (pasteurised milk) ...	484	477	3	4
Total ...	1,008	919	25	64

#### MILK SUPPLIES AT COUNTY HOMES, HOSTELS AND CHILDREN'S HOMES.

Milk destined for these establishments is subjected to the routine systems of control and inspection at source, i.e., pasteurising plants, herd biological examinations, etc., but is also occasionally sampled when the establishments are visited. During the year, samples obtained during visits were submitted for the following examinations, the results of all being satisfactory :—

Methylene Blue Test  
19

Phosphatase Test  
15

#### TUBERCULOSIS IN MILK.

Four samples of pasteurised milk which failed the phosphatase test and 1,838 samples from 1,810 herds were examined biologically for tubercle bacilli during the year and the following table shows the results :—

Designation	Samples examined	Samples positive	Herds sampled	Herds positive	% Herds positive	Samples negative	Samples examination incomplete
Tuberculin Tested (Attested)	21	—	18	—	—	21	—
Non-designated Pasteurised (Phosphatase failures)	1,813 4	25 —	1,792 —	25 —	1.4 —	1,748 4	40 —
	1,838	25	1,810	25	1.4	1,773	40

Subsequent investigations resulted in the slaughter of 26 cows which the Veterinary Officers had by clinical or biological examination identified as

positive, and in a number of cases, where groups had been found positive, cows had been sold for slaughter by their owners during the period whilst the biological sample was under examination. While it is, therefore, not possible to assess accurately the number of tuberculous cows which were traced as a direct result of the biological sampling scheme, a conservative estimate is at least 35. The important fact to note is that the milk from these cows was capable of infecting, in sufficient strength to cause the disease in children, bulk supplies of a large population.

Comparison with previous years is shown in the following table:—

			Herds sampled	Herds positive	% Herds positive
1951	...	...	1,549	23	1.5
1952	...	...	1,637	28	1.7
1953	...	...	1,856	31	1.7
1954	...	...	1,940	39	2.0
1955	...	...	1,810	25	1.4

The number of registered dairy farms at the end of the year was 2,510, of which 1,275 were Tuberculin Tested; this compares with 2,623 and 1,218 respectively at the end of 1954.

#### BRUCELLA ABORTUS.

Designation	Samples taken	Samples positive	Herds sampled	Herds positive	% Herds positive	Samples negative	Samples examination incomplete
Tuberculin Tested (Attested)	16	—	13	—	—	13	—
Pasteurised ... (Phosphatase failures— Pasteurising Plants)	4	—	—	—	—	4	—
Pasteurised ... (Phosphatase failures— Schools milk)	3	—	—	—	—	3	—
	<u>23</u>	<u>—</u>	<u>13</u>	<u>—</u>	<u>—</u>	<u>20</u>	<u>—</u>

In order to make the maximum use of guinea-pig supplies for the T.B. sampling, the examinations for Brucella Abortus have been restricted to samples of raw milk destined or delivered to County Homes and Establishments or to samples which have failed to satisfy the requirements of the phosphatase test for pasteurised milk.

#### HOSPITAL DAIRY FARMS.

As in previous years, samples for biological and methylene blue examinations were taken from these farms at the request of the Ministry of Health as shown in the following table:—

		Methylene Blue		Tuberculosis		Brucella Abortus	
		Taken	Unsatis- factory	Taken	Positive	Taken	Positive
St. Andrew's Hospital	...	11	1	3	—	3	—
Hellesdon Hospital (Wensum Mount)	...	9	—	2	—	2	—
Hellesdon Hospital (Low Farm, Drayton)	...	8	1	2	—	2	—
Little Plumstead Hall	...	11	2	4	—	3	—
Total	...	<u>39</u>	<u>4</u>	<u>11</u>	<u>—</u>	<u>10</u>	<u>—</u>

There are now only two of these farms, the Ministry having disposed of two of them during 1955.

## NATIONAL MILK TESTING SERVICE.

The pilot sampling scheme for methylene blue examination from non-designated herds has been continued on behalf of the Ministry of Agriculture and the details of samples taken are shown in the following table :—

	No. of Samples	No. of Failures	% of Failures
January ... ..	95	15	15.8
February ... ..	94	10	10.6
March ... ..	86	8	9.3
April ... ..	43	5	11.6
May ... ..	94	10	10.6
June ... ..	106	33	31.1
July ... ..	83	28	33.7
August ... ..	65	40	61.5
September ... ..	95	25	26.3
October ... ..	118	19	16.1
November ... ..	99	19	19.2
December ... ..	92	17	18.5
	1,070	229	21.4

## FOOD AND DRUGS ACT, 1938.

Of 506 school milk samples submitted by the Department to the Chief Inspector of Weights and Measures for Gerber testing, 8 were deficient in milk fat, 28 in solids not fat and 2 deficient on both counts. These samples are taken at the time of normal visits and therefore involve no additional cost to the Council. The procedure is an extremely useful measure of co-operation with the Weights and Measures Department and might well be extended further.

## ICE CREAM.

The following table shows a slight increase in the number of samples taken during the year. The standard is generally satisfactory :—

Grade	1955	1954	1953	1952	1951
I (Satisfactory) ...	105	115	123	149	81
II (Satisfactory) ...	27	13	62	53	75
III (Doubtful) ...	4	3	12	43	22
IV (Unsatisfactory) ...	4	1	2	13	23
Total ...	140	132	199	258	201

## HOUSING AND SANITARY COMPLAINTS.

The following table gives details of complaints received and investigated, the majority relating to housing matters :—

### Housing—

Tuberculosis cases ... ..	23
Overcrowding ... ..	13
Old or registered blind persons requiring ground floor accommodation ... ..	10
Insanitary premises ... ..	13
Defective premises ... ..	24
	—83
Refuse ... ..	6
Drainage ... ..	22
Nuisances by animals ... ..	3
	114

## NEW HOUSING.

The following table shows the number of new permanent dwellings completed in the post-war period and during the current year, and is taken from the quarterly Housing Returns of the Ministry of Housing and Local Government :—

*Total permanent dwellings completed in 1955 and total completed to date in the post-war period for the Administrative County of Norfolk.*

Housing Authority Area	(a) Housing Authorities and Housing Associations.		(b) Private Builders		Totals	
	During 1955	Total to 31/12/55	During 1955	Total to 31/12/55	During 1955	Total to 31/12/55
<b>MUNICIPAL BOROUGHs—</b>						
King's Lynn ...	98	1,139	32	212	130	1,351
Thetford ...	24	270	7	33	31	303
<b>URBAN DISTRICTS—</b>						
Cromer ...	10	134	6	42	16	176
Diss ...	16	229	6	47	22	276
Downham Market ...	18	99	—	22	18	121
East Dereham ...	66	344	17	99	83	443
Hunstanton ...	20	149	14	74	34	223
North Walsham ...	44	282	19	86	63	368
Sheringham ...	—	117	20	69	20	186
Swaffham ...	78	210	9	42	87	252
Wells-next-the-Sea ...	2	124	2	18	4	142
Wymondham ...	16	294	16	95	32	389
<b>RURAL DISTRICTS—</b>						
Blofield & Flegg ...	97	565	318	962	415	1,527
Depwade ...	44	822	23	165	67	987
Docking ...	40	404	28	170	68	574
Downham ...	63	670	26	201	89	871
Erpingham ...	50	576	36	239	86	815
Forehoe & Henstead ...	58	694	213	721	271	1,415
Freebridge Lynn ...	34	438	39	185	73	623
Loddon ...	25	482	31	143	56	625
Marshland ...	57	467	40	232	97	699
Mitford & Launditch ...	32	474	18	159	50	633
St. Faith's & Aylsham ...	66	949	393	1,145	459	2,094
Smallburgh ...	44	554	39	194	83	748
Swaffham ...	60	552	18	86	78	638
Walsingham ...	70	526	19	150	89	676
Wayland ...	89	612	15	161	104	773
<b>TOTALS ...</b>	<b>1,221</b>	<b>12,176</b>	<b>1,404</b>	<b>5,752</b>	<b>2,625</b>	<b>17,928</b>

## INFANT METHAEMOGLOBINAEMIA.

The policy of examining water supplies from wells used for infant feeding to determine their nitrate content was continued throughout the year. To save expense, the bulk of the examinations were carried out in the office and, generally speaking, it was necessary to submit to the Public Analyst only those borderline specimens requiring more detailed examination.

Nearly half of the existing supplies were considered unsatisfactory for infant feeding and, where necessary, investigations were made and parents advised to use nearby satisfactory alternative supplies for their infants' needs.

The following table illustrates the work done:—

Number of initial samples submitted by the Norfolk County Nursing Association ... ..	748
Number of examinations carried out in office ...	1,001
Number of samples sent to Public Analyst for a more detailed examination ... ..	247
Number of children cyanosed and admitted to Hospital	1*
Number of supplies classified as satisfactory ... ..	377
Number of supplies classified as unsatisfactory ...	371

(\*Recovered.)

## FOOD INSPECTION.

At the end of the year, arrangements were agreed for routine “spot checks” to be made of foodstuffs at all County Council establishments, thus extending the work previously carried out at school canteens to County Homes and Hostels and Children’s Homes. Inspections did not commence until just before the new year.

## BROADS AREA.

During the year, surveys were made in the Broads area in an endeavour to overcome nuisance from indiscriminate deposits of refuse along the river banks and to encourage the use of shore-based lavatory and toilet facilities wherever possible.

## XVI. MISCELLANEOUS.

### REGISTRATION OF NURSING HOMES.

	Number of Homes	Number of beds provided for:—		
		Maternity	Others	Totals
Homes first registered during year ...	2	—	26	26
Homes on the register at the end of year	22	53	261	314

### LABORATORY FACILITIES.

The Medical Research Council provides facilities at the new Public Health Laboratory, Norwich, for the examination of specimens submitted by general medical practitioners for the diagnosis of infectious diseases, together with a smaller number sent by the Council’s medical staff in connection with the prevention and control of infectious diseases and examination of staff.

The Norwich Laboratory examined the following samples submitted by the sanitary staff of the County Council and by the sanitary inspectors of the County District Councils:—

#### *Samples submitted by County Sanitary Staff.*

Milk (biological examination) ... ..	1,882
Milk (methylene blue examination) ... ..	1,212
Milk (phosphatase examination) ... ..	823
Water (bacteriological examination) ... ..	22

#### *Samples submitted by County District Sanitary Inspectors.*

Ice-cream (methylene blue examination) ... ..	140
Water (bacteriological examination) ... ..	769

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Total 4,848

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Other samples examined were as follows:—

BY PUBLIC ANALYST.

*Sewerage Effluents.*

Pasteurising Plants	...	...	...	...	2
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*Water Samples—Chemical examination.*

Maternity and Child Welfare—nitrates...	...	259	
Schools	...	3	
Police Houses	...	4	
General Public Health	...	2	
		—	268

*Bacteriological examination.*

Schools	...	1	
General Public Health	...	2	
		—	3

*Liquid Milk Supplies.*

Phosphatase test	...	...	...	301
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<i>Other examinations</i>	...	...	...	4
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				—	578
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MEDICAL EXAMINATIONS.

The following examinations were made by the medical staff of the Health Department:—

- 295 examinations for superannuation purposes.
- 163 examinations of candidates for teachers' training colleges and entrants to the teaching profession, under the terms of Ministry of Education circulars 248 and 249.
- 158 examinations of school canteen workers (non-superannuable).

In addition, medical advice was given in cases of County Council employees who were no longer considered capable of discharging their duties and on whose behalf application was made for early retirement on pension.

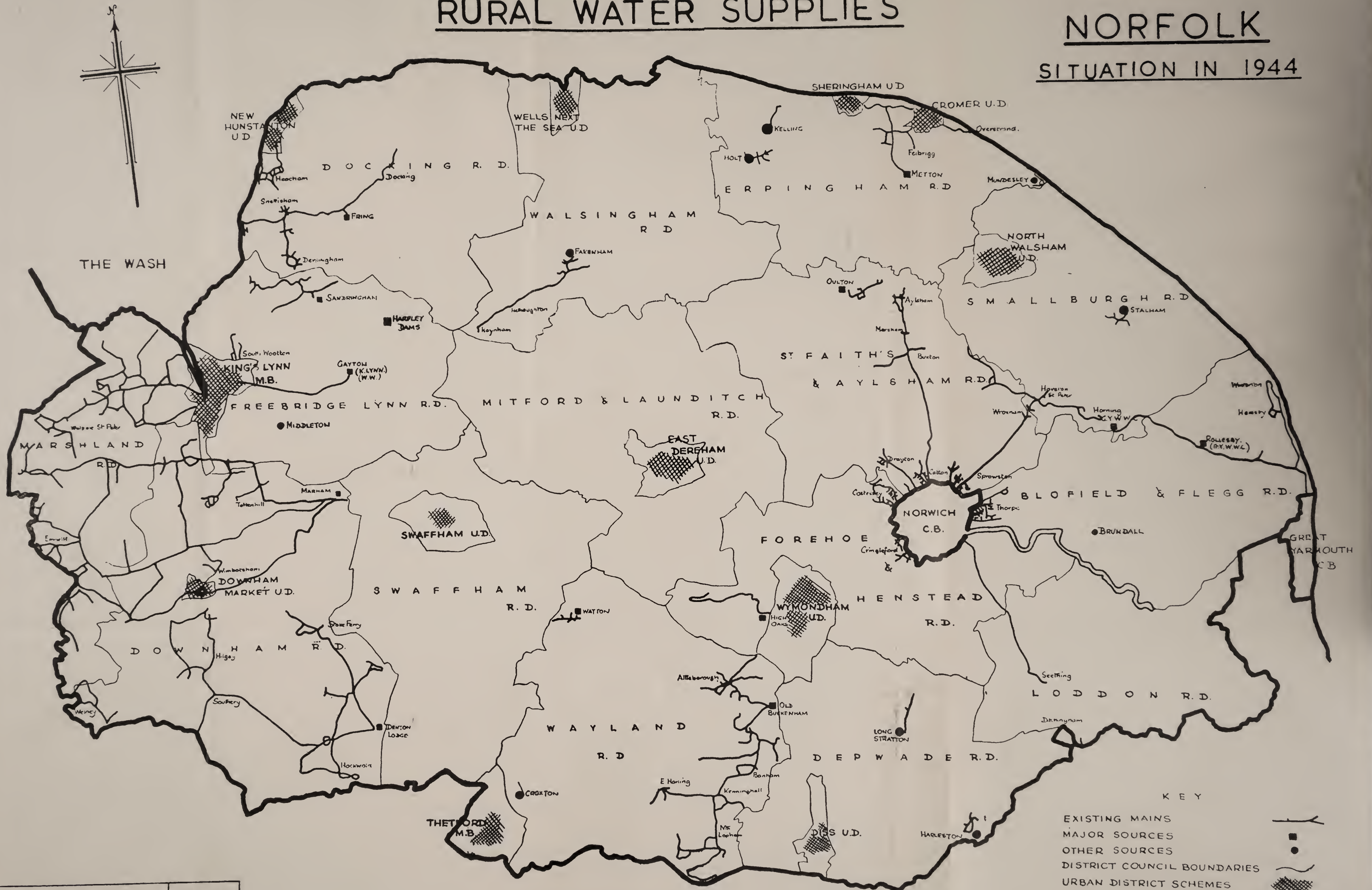






# RURAL WATER SUPPLIES

## NORFOLK SITUATION IN 1944



KEY

- EXISTING MAINS
- MAJOR SOURCES
- OTHER SOURCES
- DISTRICT COUNCIL BOUNDARIES
- URBAN DISTRICT SCHEMES

COUNTY SANITARY OFFICE  
29, THORPE ROAD,  
NORWICH.

DRAWN BY  
A.  
13/3/53

SCALE: 1/4" = 1 MILE.

# RURAL WATER SUPPLIES

# NORFOLK

SITUATION IN APRIL 1956



KEY

- EXISTING MAINS
- INDEPENDENT VILLAGE SCHEMES
- VILLAGE SCHEMES AS ADVANCE
- SECTIONS OF MAJOR PROPOSALS
- MAJOR SOURCES
- DISTRICT COUNCIL BOUNDARIES
- URBAN DISTRICT SCHEMES

- EXISTING
- ⚡ BUNWELL
- METTON

COUNTY SANITARY OFFICE

DRAWN BY

29, THORPE ROAD,  
NORWICH.

G.H.A.

30/4/56

SCALE: 1/4" = 1 MILE





